FOLLOW-UP SURVEYS

**Purpose:**

A follow-up survey is an abbreviated focused survey and must be conducted within 45 calendar days of the previous survey. (For Immediate Jeopardy situations, the follow-up survey must be conducted within 23 days of the previous survey.) It is not intended to be a comprehensive review of compliance with all standards. In most cases, the follow-up survey is conducted to validate that submitted corrections have been implemented by the facility. In other cases, the follow-up survey covers specific standards for specific reasons, directing the focus of the surveyor. The surveyor has the authority to cite any observed non-compliance in the facility, even if the cited standard is not within the original scope of the follow-up survey.

QUAD A may require a follow-up survey for:

* Significant non-compliance with standards
* Immediate Jeopardy (Please see Policy for Management of Complaints and Adverse Incidents for details)
* Verification of Corrective Action

**Policy:**

To determine if a follow-up survey is required, use the following criteria:

**Non-Medicare Accreditation Initial and Renewal Survey**:

Facilities cited for deficiencies that constitute significant concern due to the severity, prevalence, or nature of the deficiencies such as:

* An entire section or more than 50% of any one sub-section is marked as non-compliant. An exception is 1.F.1-18 Patient Safety Data Reporting – a facility could be marked non-compliant with all standards due to failure to report. This may be considered one deficiency in determining the need for a follow-up survey. If a follow-up survey is required, this section must be included in that review.
* Any clinical issues of a severe or pervasive nature must be reviewed by a member of the QUAD A clinical team, Accreditation Committee, or Investigative Committee.
* While there is no set number applied in all cases, as a general guide, if there are 20 or more deficiencies, a follow-up survey will normally be required. Be mindful that one finding across multiple standards may be considered as one deficiency (seek confirmation from management for such determination). Deficiencies that were corrected on site are included in the total number of deficiencies to determine the need for a follow-up survey.
* A history of repeat deficiencies may require a follow-up survey to ensure the plan of correction has been fully implemented and maintained as stated by the facility. Repeat deficiencies generally indicate a failure to fully implement and sustain compliance with previously cited areas of concern.

**Validation / Investigative surveys**:

The follow-up survey will focus on the areas of non-compliance found during the previous survey. A second follow-up, if needed, must take place within forty-five (45) calendar days of the previous follow-up survey.

**Medicare Initial Survey**:

Facilities cited for condition-level deficiencies during the initial survey will be deferred (denied) and must undergo another full initial onsite survey. These facilities are **not** **eligible** for a follow-up survey.

**Medicare Renewal Survey or Initial with CCN**:

Facilities cited for condition-level deficiencies during a routine re-survey or an Initial with CCN survey are required to undergo an unannounced follow-up survey within 45 days of the previous survey end date.

**All Follow-up Surveys**

If the surveyor validates the full implementation of all appropriate corrections and no additional deficiencies have been noted, the report will be submitted to the Accreditation Committee for consideration of granting a full accreditation term of 3 years. The requirement for facilities to submit Evidence of Correction (EoC) will be deemed satisfied if the onsite surveyor observes that compliance has been achieved during the follow-up survey (the facility will not need to submit additional Evidence of Correction). If, during the follow-up survey, the surveyor finds that the facility continues to be non-compliant with any standard, the facility will be required to submit an EoC only for those standards deemed non-compliant. Any standard found to be compliant during the follow-up survey will not require the submission of an EoC.