



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

Ref: QSO-21-08-NLTC
REVISED 02/04/2022

DATE: December 30, 2020

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: COVID-19 Focused Infection Control Survey Tool for Acute and
Continuing Care *Providers and Suppliers (REVISED)*

Memorandum Summary

The Centers for Medicare & Medicaid Services (CMS) continues to review the existing flexibilities, waivers, and survey guidance issued in response to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE) and is committed to ensuring America's healthcare facilities provide safe, high quality care.

- ***COVID-19 Focused Infection Control Survey Tool:*** CMS developed the focused infection control (FIC) survey and tool at the beginning of the PHE to help surveyors and facilities absorb the critical infection prevention and control practices for combating COVID-19. Based on stakeholder feedback and survey activity, we believe acute and continuing care (ACC) facilities have incorporated COVID-19 management strategies into their infrastructure and operations, and there is no longer a need to continue the required use of the special FIC survey and tool on a national basis. Surveyors will continue to evaluate infection prevention and control elements related to COVID-19 through the existing survey process, while incorporating lessons learned about infection control oversight during the PHE. State Survey Agencies (SAs) & Accrediting Organizations (AOs) may continue to use the targeted FIC survey, on a case by case basis, if warranted.
- ***Visitation Restrictions:*** We recognize that requirements for entering healthcare facilities such as visitation restrictions were used to mitigate the introduction of COVID-19 into facilities. At this time, continued federal guidance regarding visitation restrictions for ACC facilities are no longer necessary. Facilities should continue to adhere to basic COVID-19 infection prevention principles consistent with national standards of practice.

Background

On Friday, March 13, 2020, the President declared a national emergency due to the COVID-19 PHE, which triggered the Secretary's ability to authorize waivers or modifications of certain requirements pursuant to section 1135 of the Social Security Act (the Act). Under section 1135(b)(5) of the Act, CMS prioritized surveys by authorizing modification of timetables and deadlines for the performance of certain required activities. On March 4, 2020, CMS issued [QSO-20-12-All](#) announcing a prioritization of surveys. On March 23, 2020, CMS issued the [QSO 20-20-All](#) memorandum, which introduced the *FIC* survey and tool. *Subsequently, this tool was updated on December 30, 2020 via [QSO-21-08-NLTC](#).*

The FIC survey was used for survey activity in ACC providers and suppliers (ambulatory surgical centers, hospitals, end-stage renal disease facilities, home health agencies, hospices, etc.). The survey tool was also available to every provider in the country and was often used by them to perform a voluntary self-assessment of their ability to meet infection control priorities during this time of crisis. While the contents of the FIC survey tool are generally still applicable, if facilities wish to continue use of the tool as a template for their own self-assessment we encourage them to carefully review the Centers for Disease Control and Prevention (CDC) guidelines as there have been changes to the recommendations since the original tool and update were released (see the "Additional Resource Links" section below for more information on CDC guidelines).

Refocusing the COVID-19 FIC Survey and Tool for Acute and Continuing Care: Returning to the Existing Standard Survey Process

CMS has always focused on ensuring the health and safety of Medicare/Medicaid beneficiaries, yet the COVID-19 PHE warranted a rapidly implemented, more targeted approach for assessing compliance with CMS's infection prevention and control requirements. The FIC survey and tool were developed at the beginning of the PHE to help surveyors and facilities quickly focus on and absorb the critical infection prevention and control practices for combating COVID-19. Based on stakeholder feedback and survey activity thus far, ACC facilities have developed and incorporated COVID-19 management strategies into their infrastructure and operations. There is no longer a need to continue the required use of the FIC survey and tool on a national basis because surveyors will continue to assess infection control and prevention through the standard survey process, as applicable to the provider/supplier type. Therefore, CMS is rescinding the survey requirement per [QSO-21-08](#) to conduct FIC surveys. SAs and AOs should return to the existing standard survey processes and continue to assess COVID-19 infection prevention and control elements by focusing on the regulatory requirements, while incorporating lessons learned about infection control oversight during the PHE. For example, most ACC providers have requirements to develop and maintain approved policies and procedures for minimizing transmission of infectious disease that are established based on nationally recognized standards of practice. Surveyors will assess whether those policies are developed appropriately and followed.

Visitation Restrictions and Screening Procedures

We recognize that requirements for entering healthcare facilities such as visitation restrictions and screening procedures have been used throughout the COVID-19 PHE to mitigate the introduction of COVID-19 into facilities. While CMS guidance has focused on protecting patients and staff from COVID-19, we recognize that restricting visitation from family and other loved ones has taken a physical and emotional toll on patients. At this time, continued federal guidance on visitation restrictions for ACC facilities are no longer necessary, which is consistent with the nursing home guidance in [QSO-22-39](#). Facilities should continue to adhere to basic COVID-19 infection prevention principles consistent with national standards of practice.

Additionally, on November 5, 2021, CMS published an Interim Final Rule with Comment (86 FR 61555), entitled “Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination,” revising the infection control requirements that most Medicare- and Medicaid-certified providers and suppliers must meet to participate in the Medicare and Medicaid programs. CMS will continue to monitor vaccination efforts and the effects of SARS-CoV-2 variants on facilities.

In light of the uncertain impact of COVID-19 variants, there may be more prescriptive state requirements that necessitate continued visitation restrictions or additional steps such as screening of employees, visitors, patients, clients, and residents during the PHE. Facilities should continue to consult with state and local public health officials to determine if modifications to visitation and screening are appropriate on a case by case basis. These more prescriptive state health requirements may impose reasonable limits on visitation insofar as they involve public health precautions; however, pursuant to regulations such as 42 CFR 482.13(h), §483.420(a)(9) and §418.110(e) patients have a federal right to receive visitors at any time, subject to minimal restrictions.

We continue to expect healthcare staff and surveyors (AOs, contractors, Federal, State, and Local) to comply with basic infection control practices such as hand hygiene, wearing masks, and the use of other personal protective equipment, as appropriate for the situation (i.e., standard, contact, airborne, etc). Surveyors should focus on the regulatory requirements for each provider and supplier type and whether the facility consistently follows processes that are based on national standards of practice. Guidelines produced by the CDC are an example of a source for national standards. Any COVID-19 infection prevention policy that is developed by a healthcare facility to meet the Medicare conditions should be approved by the facility’s governing body, or equivalent group as defined by regulation, before implementation.

Healthcare facilities should review their own infection prevention and control policies and practices to prevent the spread of infectious disease and illness, including COVID-19. Should COVID-19 case rates increase in certain geographic locations, concerned SAs should strongly consider doing a FIC survey in consultation with the applicable CMS location.

Additional Resource Links:

- CMS Universal Infection Control Training Course:
https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=0CMSUIPC_ONL
- CDC Clean Hands Count for Safe Healthcare
<https://www.cdc.gov/features/handhygiene/index.html>

• *Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination* ([/www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html))

• *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic* (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>)

• CMS current emergencies page that lists the latest updates and guidance related to COVID-19 survey activity: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

Contact: Questions may be submitted to: QSOG_EmergencyPrep@cms.hhs.gov.

Effective Date: Immediately. Please communicate to all appropriate staff within 30 days.

/s/

Karen L. Tritz
Director, Survey & Operations Group

David R. Wright
Director, Quality, Safety & Oversight Group