

Survey Deficiency Walkthrough

A step-by-step guide to understanding, responding to, and resolving survey deficiency citations

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Introduction: Receiving a Deficiency Citation

When a state surveyor identifies a violation of regulations during your agency's survey, they issue a deficiency citation. This is not the end of your agency — it is a correctable finding. However, your response must be thorough, timely, and demonstrate a genuine plan to fix the issue and prevent recurrence. The way you respond to a deficiency citation matters as much as the deficiency itself. A well-crafted Plan of Correction signals to regulators that your agency takes compliance seriously, understands the root cause of the problem, and has the organizational capacity to prevent it from happening again.

Many agency owners panic when they receive their first deficiency citation, but the reality is that most home care agencies receive at least one or two citations during a standard survey cycle. What separates agencies that thrive from those that face escalating enforcement actions is the quality and speed of their response. This guide walks you through every step of the process — from reading and understanding your deficiency notice to writing your Plan of Correction, implementing corrective actions, and preparing for follow-up surveys. Whether you are facing your first citation or your tenth, this guide will help you respond with confidence and professionalism.

Understanding Your Deficiency Notice

After a survey is completed, you will receive a formal Statement of Deficiencies. For Medicare-certified agencies, this is form CMS-2567. For state-licensed (non-Medicare) agencies, your state survey agency will issue its own equivalent form, though the structure is similar. This document is the official record of every regulatory violation the surveyor identified during the inspection.

Each deficiency listed on the form is identified by a tag number that corresponds to a specific regulation. For example, in the Medicare Conditions of Participation, tag numbers beginning with "G" relate to home health aide services, while those beginning with "E" relate to patient rights. Your state will have its own numbering system for state-specific regulations. Understanding which regulation is cited is critical because your Plan of Correction must address that specific regulatory requirement — not just the symptom the surveyor observed.

The surveyor's narrative describes exactly what they observed, what documentation they reviewed, whom they interviewed, and how the findings violate the regulation. Read each deficiency carefully and completely. Misunderstanding the citation is the most common reason Plans of Correction are rejected. If the surveyor's narrative states that three out of five patient charts were missing signed care plans, your correction must address all three charts specifically and explain what systemic change will prevent this from recurring for all patients.

Key Documents to Review

- Statement of Deficiencies (CMS-2567 or state equivalent)
- The specific regulation cited by tag number
- Your state's survey and certification guidelines
- Your agency's current policies related to each citation
- Patient charts or personnel files referenced in the findings

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Categorizing the Severity

Deficiency citations are not all created equal. The severity and scope of a deficiency determine the enforcement actions that may follow and the urgency of your response. For Medicare-certified agencies, deficiencies are categorized on a severity grid using letters A through L, based on two dimensions: the level of harm (or potential harm) to patients, and how widespread the problem is within your agency.

Understanding where your citation falls on this grid is essential for prioritizing your response and setting realistic expectations about what comes next. A Category D citation (no actual harm, potential for more than minimal harm, isolated scope) requires a solid Plan of Correction but is unlikely to result in financial penalties. A Category J citation (immediate jeopardy, isolated scope) requires immediate corrective action and could result in agency termination from the Medicare program if not resolved.

Medicare Deficiency Severity Grid

SEVERITY LEVEL	ISOLATED	PATTERN	WIDESPREAD
No actual harm, potential for minimal harm	A	B	C
No actual harm, potential for more than minimal harm	D	E	F
Actual harm	G	H	I
Immediate jeopardy	J	K	L

Most agencies receive D–F level citations. These are the most common findings and indicate that the surveyor identified a practice or documentation gap that could potentially lead to patient harm, even though no actual harm was found during the survey. These citations require a Plan of Correction but typically do not result in financial penalties if corrected promptly.

G–I citations indicate actual harm occurred. These are serious and may result in Civil Money Penalties (CMPs), which are fines imposed by CMS or the state. The penalties can range from hundreds to thousands of dollars per day or per instance. Your response to a G-level or higher citation must be immediate, detailed, and demonstrate that the agency has already taken steps to prevent further harm.

J–L citations represent immediate jeopardy. These are the most serious category and indicate that the surveyor identified a situation where patients are in immediate danger. Immediate jeopardy citations require corrective action within 23 calendar days, and failure to resolve them can result in termination from the Medicare program or revocation of your state license. If you receive a J-L citation, seek professional guidance immediately.

Writing Your Plan of Correction (POC)

The Plan of Correction is the most important document you will write in response to a deficiency citation. You typically have 10 calendar days from the date you receive the Statement of Deficiencies to submit your POC to the state survey agency. This deadline is firm — missing it can result in escalated enforcement actions, including the imposition of penalties even for lower-severity citations.

For each deficiency cited, your Plan of Correction must address four distinct elements. Failing to address any one of these elements is the primary reason POCs are rejected and returned for revision, which costs you valuable time and can erode the surveyor's confidence in your agency's ability to self-correct.

The Four Required Elements of Every POC

- 1. What corrective action was taken for the specific finding?** Describe exactly what you did to fix the specific problem the surveyor identified. If the surveyor found three patient charts with missing care plans, explain that care plans were developed and signed for those three specific patients, including the dates completed and by whom.
- 2. What systemic changes were made to prevent recurrence?** Describe the policy, procedure, or process changes you implemented to ensure this type of deficiency does not happen again. This might include revising a policy, adding a new step to your intake process, implementing a new checklist, or changing a supervisory workflow.
- 3. How will the agency monitor to ensure the correction is sustained?** Describe your ongoing monitoring plan. This typically includes internal audits conducted at specified intervals (weekly, monthly, or quarterly) by a designated person. The monitoring plan must be specific and measurable — not vague statements like "we will monitor for compliance."
- 4. What is the completion date for the corrective action?** Provide a specific date by which all corrective actions will be fully implemented. This date cannot exceed 60 days from the last day of the survey for Medicare agencies, though most agencies set completion dates within 30 days to demonstrate urgency.

Critical: Language Matters in Your POC

Never admit fault or liability in your Plan of Correction. State the facts and your corrective actions without using language like "we failed to" or "we were wrong." Instead, use professional, forward-looking language such as "the agency has implemented" or "effective immediately, the agency will." Your POC is a legal document that may be referenced in future enforcement proceedings. Keep it factual, specific, and corrective in tone — never apologetic or defensive.

4**Submitting Your POC on Time**

Once your Plan of Correction is complete, submit it to the state survey agency by the deadline — typically 10 calendar days from the date you received the Statement of Deficiencies. Submission methods vary by state; some require electronic submission through a state portal, while others accept mailed or faxed responses. Confirm the required submission method with your state survey agency to avoid any delays or claims of non-receipt.

Keep a complete copy of everything you submit, including the date and method of submission. If you submit electronically, save a screenshot or confirmation receipt. If you mail or fax, keep a copy of the fax confirmation sheet or the certified mail tracking number. This documentation is your proof of timely submission in the event of any dispute.

If you need more time to prepare your POC — for example, if you are dealing with multiple complex deficiencies or need to consult with legal counsel — you may request an extension. However, this request must be made in writing before the original deadline expires, and the state is not obligated to grant it. In your extension request, explain why additional time is needed and provide a proposed revised deadline. Agencies that request extensions proactively are viewed more favorably than those that simply miss the deadline.

After you submit your POC, the state survey agency will review it and either accept it or request revisions. If revisions are requested, respond promptly and address every concern raised by the reviewer. A rejected POC does not reset your enforcement timeline — the clock continues to run from the original survey date.

Implementing Corrective Action

Do not wait for your Plan of Correction to be formally accepted before you begin implementing corrective actions. In fact, the strongest POCs describe actions that have already been taken, not just actions that are planned. Begin correcting the specific findings immediately after the survey, and document every action with the date it was completed, the person responsible, and the evidence that supports it.

Implementation should follow a structured approach. Start by addressing the specific findings — the individual patient charts, personnel files, or practices that were cited. Then move to systemic changes: update your policies and procedures to reflect the corrective action, revise any forms or checklists that need to change, and adjust workflows as needed. Next, retrain all affected staff on the corrected procedures. Training must be documented with sign-in sheets that include the date, topic, trainer, and names of all attendees.

Finally, begin your monitoring plan immediately. Conduct your first internal audit within the first week of implementation to verify that the corrections are being followed. Document the results of every audit, including any additional issues identified and how they were addressed. This documentation will be critical during your follow-up survey, as it demonstrates to surveyors that your agency is actively managing compliance and not just creating paperwork.

Best Practice: Create a Corrective Action Tracking Log

Maintain a centralized log that tracks every deficiency citation, the corrective actions taken, responsible parties, completion dates, and audit results. This log becomes your single source of truth during follow-up surveys and demonstrates organizational discipline to surveyors.

Follow-Up Survey Preparation

For serious deficiencies rated G or above on the severity grid, expect a follow-up survey within 30 to 90 days of your POC submission. The purpose of the follow-up survey is to verify that your corrective actions have been implemented, are effective, and are being sustained over time. For minor deficiencies rated D through F, the correction may be verified at your next regularly scheduled survey rather than through a separate follow-up visit.

Preparation for the follow-up survey should begin the moment you submit your POC. Organize all documentation related to each deficiency in a dedicated binder or electronic folder, organized by tag number. For each deficiency, your file should include: the original citation, your POC, evidence of corrective actions taken (updated policies, completed training records, corrected patient charts), and the results of your internal monitoring audits.

Conduct a mock survey using the original deficiency citations as your checklist. Walk through each citation as if you were the surveyor and verify that the problem has been corrected. Pull the same patient charts and personnel files that were cited and confirm that the corrections are documented. Interview staff to confirm that they are aware of the policy changes and can describe the corrected procedures.

Brief all staff on what to expect during the follow-up visit. Staff should know that surveyors may return, what the surveyors will be looking for, and how to respond to questions professionally and accurately. Staff should never volunteer information beyond what is asked, but they should answer all questions honestly and completely. A well-prepared staff is your best defense during a follow-up survey.

Plan of Correction (POC) Template

Use this template to draft your Plan of Correction for each deficiency citation. Complete one template for each tag number cited on your Statement of Deficiencies. Be specific, factual, and thorough in every field. Attach supporting documentation (updated policies, training records, audit results) to your submitted POC.

Deficiency #1

Tag Number

Regulation Cited

Summary of Finding

Corrective Action Taken

Systemic Changes Implemented

Monitoring Plan

Responsible Person

Completion Date

Deficiency #2

Tag Number

Regulation Cited

Summary of Finding

Corrective Action Taken

Systemic Changes Implemented

Monitoring Plan

Responsible Person

Completion Date

Deficiency #3

Tag Number

Regulation Cited

Summary of Finding

Corrective Action Taken

Systemic Changes Implemented

Monitoring Plan

Responsible Person

Completion Date
