

Table 1: Deficiency and CMS Remedy Table

Scope of the Deficiency				
Severity of the Deficiency		Isolated	Pattern	Widespread
	Immediate jeopardy to resident health or safety	J PoC Required: Cat. 3 Optional: Cat. 1 Optional: Cat. 2	K poC Required: Cat. 3 Optional: Cat. 1 Optional: Cat. 2	L PoC Required: Cat. 3 Optional: Cat. 2 Optional: Cat. 1
	Actual harm that is not immediate	G PoC Required* Cat. 2 Optional: Cat. 1	H PoC Required* Cat. 2 Optional: Cat. 1	I PoC Required* Cat. 2 Optional: Cat. 1 Optional: Temporary Mgmt.
	No actual harm with potential for more than minimal harm that is not immediate jeopardy	D PoC Required* Cat. 1 Optional: Cat. 2	E PoC Required* Cat. 1 Optional: Cat. 2	F PoC Required* Cat. 2 Optional: Cat. 1
	No actual harm with potential for minimal harm	A No PoC No remedies Commitment to Correct	B PoC	C PoC

Source: State Operations Manual. February 25, 2004.

<http://www.cms.hhs.gov/manuals/pub07pdf/pub07pdf.asp>

Table Notes:

*Required only when a decision is made to impose alternate remedies instead of or in addition to termination.

Deficiencies in F, H, I, J, K and L categories are considered substandard quality of care (**darker shade**).

Deficiencies in A, B and C are considered substantial compliance (**lighter shade**).

PoC refers to a plan of correction (a plan by the facility for correcting the deficiency).

There are three remedy categories referred to on the table (Cat. 1, Cat. 2, Cat. 3). These categories as associated with the following penalties:

Category 1 (Cat.1)	Category 2 (Cat.2)	Category 3 (Cat.3)
Directed Plan of Correction State Monitor; and/or Directed In-Service Training	Denial of Payment for New Admissions Denial of Payment for All Individuals Imposed by CMS; and/or Civil Money Penalties: Up to \$3,000 per day \$1,000 - \$10,000 per instance	Temp. Mgmt. Termination Optional: Civil Money Penalties 3,050-\$10,000 per day \$1,000 - \$10,000 per instance

Denial of payment for new admissions must be imposed when a facility is not in substantial compliance within 3 months after being found out of compliance.

Denial of payment and State monitoring must be imposed when a facility has been found to have provided substandard quality of care on three consecutive standard surveys.

NOTE: Termination may be imposed by the State or CMS at any time.