

CMS Appendix Q - Core Guidelines for Determining Immediate Jeopardy (Rev. 187, Issued: 03-06-19)

The Centers for Medicare and Medicaid Services (CMS) has issued new guidance clarifying the immediate jeopardy (IJ) survey and enforcement process. The changes apply to and impact all provider types. Harm does not have occur; only the likelihood of harm to a patient needs to be present.

Major Changes:

- 1) The three (3) requirements that must be answered by the survey team are:
 - a. Non-compliance with a specific regulation or standard in the CoP's/CfC's;
 - b. Seriousness which includes likelihood;
 - c. Need for Immediate Action.
- 2) Definitions and concepts that have been changed, clarified, removed or added:
 - a. Immediate Jeopardy was clarified.
 - b. Need for Immediate Action replaced Immediacy.
 - c. Culpability was removed.
 - d. "Reasonable Person" concept was added for patients who are not competent/able.
 - e. Removal Plan replaced Plan of Correction.
 - f. Threshold of Seriousness now includes the **LIKELIHOOD** of harm / Risk of Harm.
 - g. Causation does not have to be proven and Factors do not have to be documented.
 - h. Concepts of Seriousness, Likelihood and Causation have been clarified.
- 3) The categories of harm / likelihood of harm include:
 - a. Physical, mental, psychosocial
- 4) The survey team **MUST** complete a preliminary IJ template that includes identification of the specific noncompliance, threshold of seriousness and need for immediate action, and leave this document with the provider before the survey team departs.
- 5) A Removal Plan must be developed instead of a Plan of Correction.
- 6) The Survey Team may depart the organization with the Immediate Jeopardy noncompliance still in place the removal plan must be approved by RO. (A survey team WILL return to survey).
- 7) Immediate Jeopardy can only be removed through an on-site survey where the team validates that the removal plan was fully implemented, and that CMS/RO can be reasonably assured that compliance can be sustained.
- 8) Removal Plans must include:
 - a. How facility will ensure harm will not occur or recur;
 - b. Date of implementation planned implementation (actions do not need fully resolved prior to the survey team exiting the organization);
 - c. Identify those recipients who have suffered or are likely to suffer, a serious adverse outcome as a result of the noncompliance; and
 - d. Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete.



Complete ONE FORM FOR EACH identified area of Noncompliance with Immediate Jeopardy

Part A – REPORT OF NON-COMPLIANCE SUMMARY

List Specific Noncompliance Identified by Survey Team
(Transcribe from Surveyor Template Provided describing the Immediate Jeopardy Situation)
Identified Condition, Standard, Element (i.e. – Tag A001):
Deficiency Summary:
List the Threshold of Seriousness that was Identified
(Transcribe from Surveyor Template Provided describing the Threshold or Level of Seriousness that was Identified)
Harm (serious injury, serious harm, serious impairment):
Death: Date of Death:
Likelihood of Harm (risk):
List the Need for Immediate Action Identified by Survey Team
(Transcribe from Surveyor Template Provided describing the Need for Immediate Action)
Document Survey Team explanation:
Date Facility was Notified of Immediate Jeopardy
(List the Date the Facility received the Surveyor Template placing the organization in an Immediate Jeopardy situation)
Survey Date: Date Notified of Immediate Jeopardy:
Process Involved:
(Describe the process involved in the immediate Jeopardy situation)
Patient / Resident Involved (MRN# Only):
(Identify the Patient / Patients involved by record number or other internal identifier)

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Applicable to the following Accreditation Programs: (X) Hospital (X) Critical Access Hospital (X) Behavioral Health (X) Ambulatory Care () Office Based Surgery () Disease Specific Certification () Staffing Certification ()Home Care/Hospic



Staff Involved:		
(Identify staff involved – if known)		
Area Involved:		
(List areas involved – if known)		

Find Appendix Q – Immediate Jeopardy at: https://www.cms.gov/Regulations-and-guidance/Guidance/Manuals/downloads/som107ap_q_immedjeopardy.pdf

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Part B - REMOVAL PLAN

Date Notified of Immediate Jeopardy:

(List date survey team	notified facility	<i>')</i>				
Date Removal Plan De	eveloped:(List	Data Plan was dev	eloped)			
Date Removal Plan In	i tiated: (List do	nta Plan will be init	iated)			
Date Removal Plan Fu	lly Implement	ed or Planned to b	e Fully Implem	ented:		
(List Data plan is exped	cted to be fully	implemented or co	ompleted)			
The entity's removal padverse outcome as a type/medical record noncompliance) Never	result of the r umber) or (list	noncompliance (<i>Li</i>	st patients who	were involved by patie	ent	
(List either patients or patient populations at risk of harm or that was harmed)						
Specify the action the adverse outcome from (give detailed steps the monitored) Process / System Invo	n occurring or at will be taker	recurring, and wh	en the action v	vill be complete or wa	s taken.	
(List processes or syste		nat will be improve	d)			
Factors Involved:						
List Other: (Identify th	e factors involv	ved in the risk or ho	arm, harm or pr	ocess identified)		
Action(s) Taken / Plan	ned to be Take	en: (List actions the	at plan to be or	has been taken)		
Date Action(s) Taken	/ Planned to b	e Taken: (Provide t	the dates plann	ed for action)		
Staff Education Plan (must begin imr	nediately and capt	ture staff prior t	o starting their next sh	ift):	
Who:	When:		What:			
Mode of Education: () memo () da	aily huddle () Sta	ff Mtg () CBL () Other		

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Monitoring of Implemented Action(s):
What will be monitored - (Describe what exactly will be monitored)
How Long will it be monitored - (Describe how long the monitoring will occur)
Who / What Committee will receive reports - (Describe the reporting structure for monitoring)
What is the plan if the action does not meet expectations - (How are outliers handled?)
Assigned Responsible Staff: (Manager/Director)
Assigned Executive Leader: (C Suite Member)
Removal Plan Approved by (State Agency / Regional Office): Yes No Date:
Immediate Jeopardy Removed On: (as SA/RO determines)
RCA:YesNo Governing Body Acknowledgement: (Board must acknowledge Plan) Date:

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