Appendix Q and You

Immediate Jeopardy Removal

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LARA
LICENSING AND REGULATORY AFFAIRS

Brief Intro to Immediate Jeopardy (IJ)

Three key components that are essential for surveyors to use in determining the presence of IJ:

- **Noncompliance:** An entity has failed to meet one or more federal health, safety, and/or quality regulations;

AND

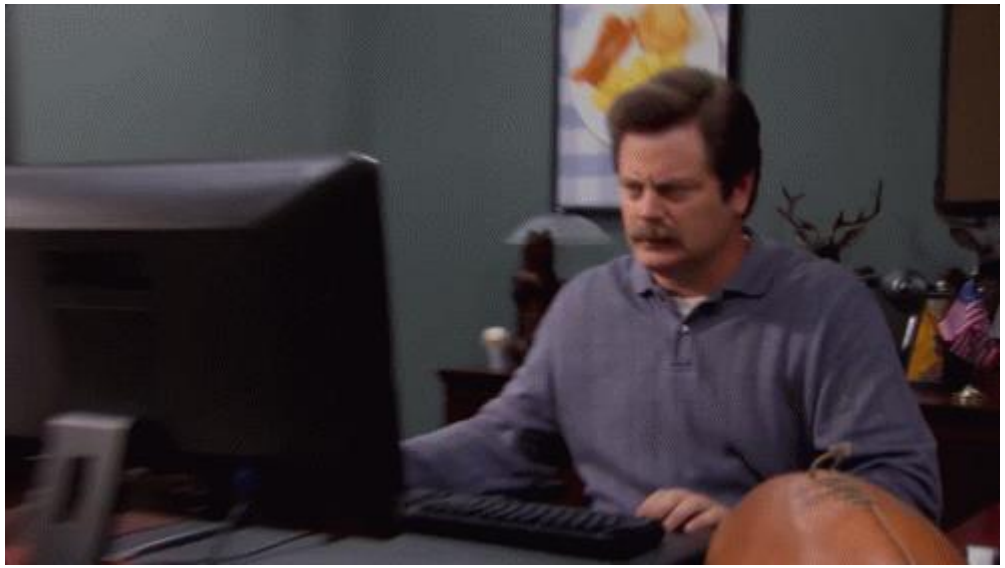
- **Serious Adverse Outcome or Likely Serious Adverse Outcome:** As a result of the identified noncompliance, serious injury, serious harm, serious impairment or death has occurred, is occurring, or is likely to occur to one or more identified recipients at risk;

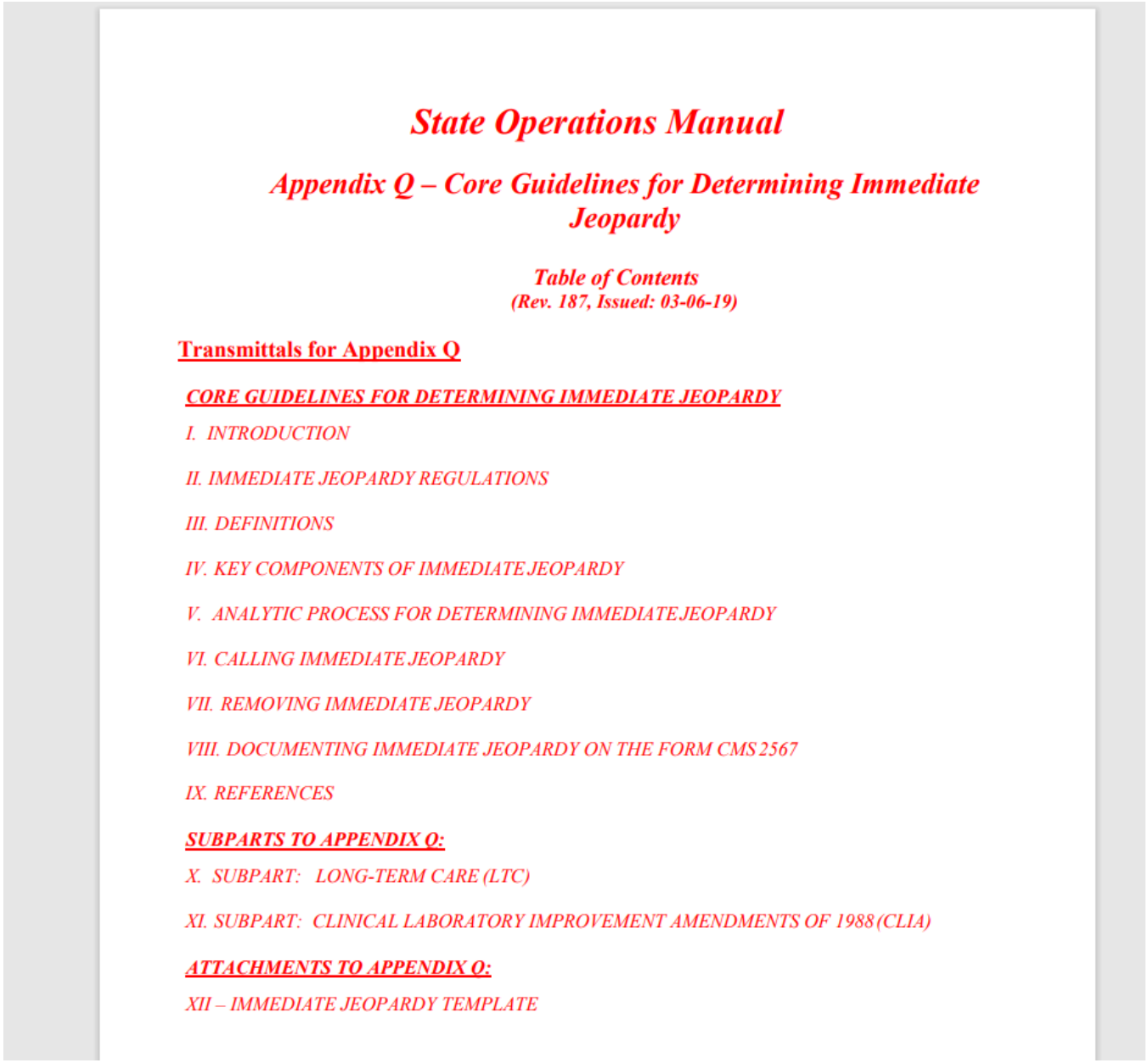
AND

- **Need for Immediate Action:** The noncompliance creates a need for immediate corrective action by the provider/supplier to prevent serious injury, serious harm, serious impairment or death from occurring or recurring.

“I just received an IJ notification, NOW WHAT?”

Step 1: Please don’t do this





State Operations Manual

Appendix Q – Core Guidelines for Determining Immediate Jeopardy

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CORE GUIDELINES FOR DETERMINING IMMEDIATE JEOPARDY

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IX. REFERENCES

SUBPARTS TO APPENDIX Q:

X. SUBPART: LONG-TERM CARE (LTC)

XI. SUBPART: CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988 (CLIA)

ATTACHMENTS TO APPENDIX Q:

XII – IMMEDIATE JEOPARDY TEMPLATE

Step 2: Remember,

Appendix Q & You

Removal Plans

A Removal Plan **IS –**

All actions the entity has taken or will take to **immediately** address the noncompliance that resulted in or made serious injury, serious harm, serious impairment, or death likely.

A Removal Plan **IS NOT –**

A full plan of correction!

Removal Plans

The Removal Plan

1) Is required and must be provided to the SA as soon as possible to address the immediacy and ensure all recipients are safe
2) Ensures serious harm will not occur or recur
3) Includes the date by which the entity asserts the likelihood for serious harm to any recipient no longer exists
4) Is approved by the SA…but…approval does not mean the IJ is removed…

Removing the IJ

1) The entity must implement the approved removal plan to remove the IJ.

2) The surveyors verify **on site** that an entity's approved removal plan has been fully implemented…

3) And verify the occurrence or recurrence of a serious adverse outcome is not likely.

4) The SA determines the IJ removal date.

IJ Example

Date/Time IJ Template provided to entity: _____

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations? If yes, in the blank space, identify the tag and briefly summarize the issues that lead to the determination that the entity is in noncompliance with the identified requirement. This includes the action(s), error(s), or lack of action, and the extent of the noncompliance (for example, number of cases). Use one IJ template for each tag being considered at IJ level.	Yes/No	
A		
Serious injury, serious harm, serious impairment or death: Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance? If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.	Yes/No	
A		
Need for Immediate Action: Does the entity need to take immediate action to correct noncompliance that has caused or is likely to cause serious injury, serious harm, serious impairment, or death? If yes, in the blank space, briefly explain why.	Yes/No	

Disclaimer: The findings on this IJ Template are preliminary and do not represent an official finding against a Medicare provider or supplier. Form CMS-2567 is the only form that contains official survey finding.

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Box 1:
The facility failed to ensure that a resident (Resident #1) who entered the facility with an indwelling catheter was assessed for removal of the catheter as soon as possible.

Box 2:
This failure resulted in the resident continuing to have the catheter in place for three weeks. Resident #1 developed a urinary tract infection which led to sepsis and ICU admission.

Box 3:
Lack of assessment for appropriate catheter use poses an immediate risk to all residents with catheters or those admitted into the facility with a catheter in place.

Per Appendix Q

The entity's removal plan must:

- Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome because of the noncompliance; and
- 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
- Include when the action will be complete.

Removal Example

[Nursing Home] is providing the following information to demonstrate that the immediacy of the noncompliance has been removed:

1. Affected Resident(s) / Other residents at risk:

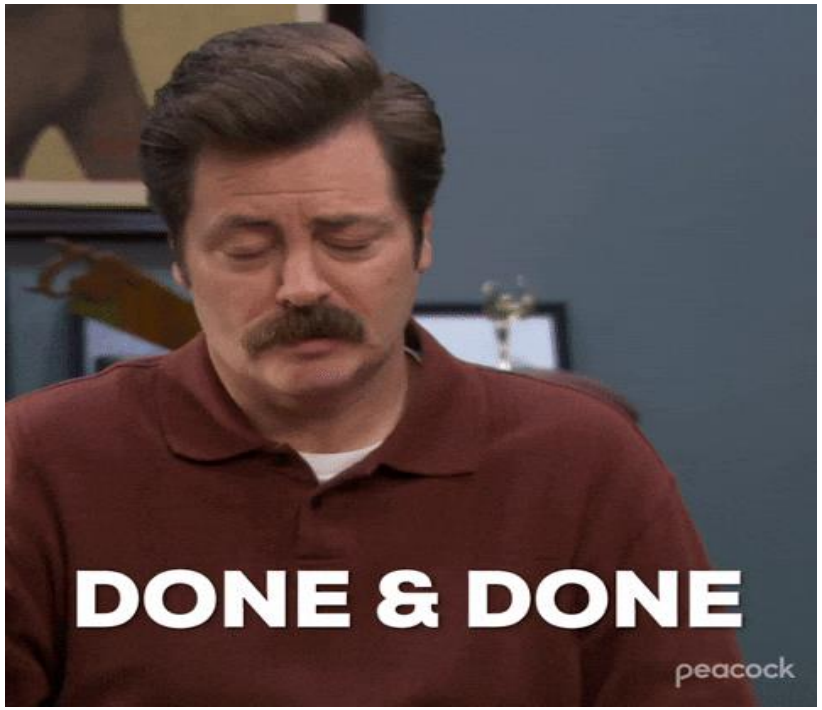
- Resident #1 no longer resides at the facility, however review of Resident #1's medical record, during a root cause analysis, was completed as part of this plan.
- On June 21st, 2024, all 90 residing residents were physically assessed for the presence of an indwelling urinary catheter. Two residents were identified and further assessed:
    - Resident #2 was assessed for appropriate use of their indwelling catheter. Resident #2's catheter remains in place.
    - Resident #3 was assessed for appropriate use of their indwelling catheter. Resident #3's catheter was removed.
    - Resident #2 and Resident #3's care plans were updated to reflect their current status.

2. All newly admitted residents will be assessed for the presence of an indwelling urinary catheter. If a catheter is present, the admitting nurse will document further assessment to determine if the catheter use is appropriate. The nurse will communicate to the admitting provider if a catheter is not indicated per assessment.

3. The facility's indwelling catheter policy has been updated. All staff working day shift have been educated on the policy changes as of June 21st, 2024. Remaining shifts will be educated by the Director of Nursing (DON) or Designee prior to working their shift.

4. Starting June 21st, 2024, newly admitted residents' will be audited by the DON or Designee within 24 hours of admission to ensure the resident was assessed for the presence of an indwelling urinary catheter.

The facility alleges the immediacy has been removed on June 21st, 2024.

Questions??

Thank you!!!