



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

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REVISED 02/04 /2022
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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 (FIC) Survey Tool:** *SAs and AOs have returned to the existing standard survey processes and continue to assess infection prevention and control by focusing on the regulatory requirements. Surveyors must no longer use the special FIC survey and tool on a national or case by case basis.*
- **Visitation Restrictions:** *Continued federal guidance regarding visitation restrictions for ACC facilities are no longer necessary. Facilities should continue to review their own infection prevention and control policies and practices to prevent the spread of infectious disease and illness, including COVID-19, consistent with national standards of practice.*

**Note: This CMS memo supersedes several previously issued COVID-19 IPC guidance memos as noted here, including: [QSO-20-13-Hospitals-CAHs REVISED](#), [QSO-20-15 Hospital/CAH/EMTALA REVISED](#), [QSO-20-16-Hospice](#), [QSO-20-18-HHA](#), [QSO-20-19-ESRD - REVISED](#), [QSO-20-22- ASC, CORF, CMHC, OPT, RHC/FOHCs](#), [QSO-20-23-ICF/IID & PRTF](#), [QSO-20-36-ESRD](#)*

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](#), *and again on February 4, 2022 via [QSO-21-08-NLTC REVISED](#)*.

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. *We continue to encourage facilities 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).*

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

CMS has always focused *its regulatory and oversight efforts* on ensuring the health and safety of *all patients, including* 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 use of the FIC survey and tool on a national *or case by case* basis because surveyors will continue to assess infection prevention and control through the standard survey process, as applicable to *each* provider/supplier type. SAs and AOs *have returned* to the existing standard survey processes and continue to assess infection prevention and control by focusing on the regulatory requirements. *Surveyors must no longer use the previous versions of the FIC survey tool and facilities should no longer use the tool for* voluntary self-assessment of their ability to meet infection prevention and control priorities.

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, *CMS is not issuing updated federal guidance on* visitation. Facilities should continue to adhere to basic infection prevention *and control* principles *for COVID-19 that are* consistent with national standards of practice. (*See 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>*).

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 *prevention and* 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 *partners*) to comply with basic infection *prevention and* control practices such as hand hygiene, 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 *and nationally recognized guidelines*. Guidelines produced by the CDC are an example of a source for national standards. Any COVID-19 infection prevention *and control* 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. *[PLEASE NOTE: CDC issued revised guidance for Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic on September 23, 2022.]*

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.

This CMS memo supersedes the COVID-19 IPC guidance noted in the following, previously issued, memos:

[QSO-20-13-Hospitals-CAHs REVISED](#)

[QSO-20-15 Hospital/CAH/EMTALA REVISED](#)

[QSO-20-16-Hospice](#)

[QSO-20-18-HHA](#)

[QSO-20-19-ESRD - REVISED](#)

[OSO-20-22- ASC, CORF, CMHC, OPT, RHC/FOHCs](#)

[OSO-20-23-ICF/IID & PRTE](#)

[OSO-20-36-ESRD](#)

Additional Resource Links:

- 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>

- *Defining Community Transmission of SARS-CoV-2: CDC states that Community Transmission is the metric currently recommended to guide select practices in healthcare settings to allow for earlier intervention, before there is strain on the healthcare system, including its workforce, and better protect the vulnerable individuals seeking care in these settings. The Community Transmission metric is different than the COVID-19 Community Level metric used for non-healthcare settings (See: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>)*

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

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

/s/

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