

## Definitions and Acronyms

**Condition-level deficiency** means noncompliance as described in 42 CFR §488.24 of this part. A condition-level deficiency is any deficiency of such character that substantially limits the provider's or supplier's capacity to furnish adequate care or which adversely affects the health or safety of patients. SAs and ROs should refer to the State Operations Manual (SOM), Appendix B for further guidance on how surveyors determine condition-level and standard-level deficiencies. (42 CFR §488.705)

**CoP** is an abbreviation that commonly refers to a "condition of participation." CoP The Conditions of Participation are requirements with which an entity must comply in order to participate in the Medicare and Medicaid programs.

**Deficiency** is a violation of the Act and regulations contained in §484, subparts A through C of this chapter, is determined as part of a survey, and can be either standard or condition-level. (42 CFR §488.705)

**Enforcement action** means the process of imposing one or more of the following remedies: termination of a provider agreement; denial of participation; suspension of payment for all new admissions; temporary manager; civil money penalty; directed plan of correction; directed in-service training; transfer of patients; closure of the agency and transfer of patients; or other CMS-approved alternative State remedies.

**Forms CMS-2567** is the official document used to document a statement of deficiency and Plan of Correction.

**Immediate jeopardy** means a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause serious injury, harm, impairment, or death to a patient(s). (42 CFR §488.805) The primary goals of these Immediate Jeopardy guidelines are to identify and to prevent serious injury, harm, impairment, or death.

**Noncompliance** means any deficiency found at the condition-level or standard-level. (42 CFR §488.705)

**Plan of correction** means a plan developed by the HHA and approved by CMS that is the HHA's written response to survey findings detailing corrective actions to cited deficiencies and specifies the date by which those deficiencies will be corrected. (42 CFR §488.805)

**Repeat deficiency** means a condition-level citation that is cited on the current survey and is substantially the same as or similar to, a finding of a standard-level or condition-level deficiency cited on the most recent previous standard survey or on any intervening survey since the most recent standard survey. (42 CFR §488.805)

**Requirement** means any structure, process or outcome that is required by law, regulation, or the

Life Safety Code (LSC).

**Standard-level deficiency** means noncompliance with one or more of the standards that make up each condition of participation for HHAs. SAs and ROs should refer to the State Operations Manual (SOM), Appendix B for further guidance on how surveyors determine condition-level and standard-level deficiencies. (42 CFR §488.705)

**State survey agency (SA)** means the entity responsible for conducting most surveys to certify compliance with the Medicare and Medicaid participation requirements.

**Substandard care** means noncompliance with one or more conditions of participation identified on a standard survey, including deficiencies which could result in actual or potential harm to patients of an HHA. (42 CFR §488.705)

**Substantial compliance** means compliance with all condition-level requirements, as determined by CMS or the State. SAs and ROs should refer to the State Operations Manual (SOM), Appendix B for further guidance on how surveyors determine condition-level and standard-level deficiencies. (42 CFR §488.705)