

# MEMORANDUM

Department of Aging and Disability Services  
Regulatory Services Policy – Survey and Certification Clarification

**TO:** Regulatory Services  
Regional Directors and State Office Managers

**FROM:** Veronda Durden  
Assistant Commissioner  
Regulatory Services

**SUBJECT:** **S&CC 08-08** – Revisit Guidance for Nursing Facility Medicare/Medicaid Certification Deficiencies (Replaces S&CC Memo 03-10)

**DATE:** September 26, 2008

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The attached revisit guidance for nursing facility certification deficiencies was revised to emphasize the process for determining when the Department of Aging and Disability Services (DADS) will conduct an on-site revisit or desk review and is effective immediately. The information should be shared with professional staff and regional support staff.

The guidance was developed based on information in the following documents:

- Centers for Medicare and Medicaid Services (CMS) State Operations Manual (SOM), Sections 2726, 2732, 7203D, 7304D, 7317, and 7319;
- CMS Baltimore Survey and Certification (S&C) Letters 01-10, 01-23 and 02-25;
- CMS Dallas Regional Survey and Certification (RS&C) Letters 00-04, 00-12, 01-10, 01-12 and 05-10; and
- Texas Administrative Code (TAC), Title 40, Part 1, Chapter 19, §19.2002(a) and §19.2112(f)(2).

CMS allows two on-site revisits to verify substantial compliance within a six-month period. CMS must authorize third onsite revisits for Medicare-certified facilities. DADS' director of Survey Operations may authorize regional requests for third on-site revisits for Medicaid-only certified facilities (see the Nursing Facility Enforcement Handbook, Section 2000 for procedure).

The attachment provides guidance to health and Life Safety Code nursing facility regional staff concerning when they should conduct on-site revisits and when they should conduct desk reviews. The decision to conduct an **on-site revisit or desk review** will depend on the **scope and severity level** of the certification deficiency(ies) cited.

This revisit guidance limits **on-site revisits** to higher level deficiencies only and **desk reviews** to lower level deficiencies. As a general rule, deficiencies cited at level F with Substandard Quality of Care (SQC) or G through L require an on-site revisit. This includes a deficiency originally cited at level F with SQC or G through L that is re-cited at level D through F with no SQC. Deficiencies cited at the level of actual harm must continue to be followed up on site until the facility achieves substantial compliance with the requirement. See RS&C Letter #98-20. Any other level two deficiency(ies) will be subject to desk review.

**Desk reviews** are follow-ups (revisits) conducted by mail or telephone for the review of deficiencies that meet criteria in accordance with the CMS SOM, Section 2732. When regional staff conduct a desk review, an on-site visit is not conducted. Through desk review, the region must determine whether the plans of correction (PoCs) are acceptable and meet criteria. The region may also request evidence from the facility to support that it has achieved and will maintain

compliance. A thorough and timely desk review fulfills DADS' role in the certification process as the designated state survey agency.

Desk reviews **must be conducted** for new deficiencies cited at B-F with no SQC. Deficiencies cited or re-cited at level B or C will **not** be approved for on-site review because they document substantial compliance.

Additionally, this S&CC specifies required form documentation by regional regulatory staff as well as data entry elements in the ASPEN and CARES databases related to revisits.

If you have any questions, please contact the manager for Compliance and Oversight at 512-438-4714.

Attachments

## Revisit Guidance for Nursing Facility Medicare/Medicaid Certification Deficiencies

Revised August 8, 2008

Revisits are conducted to determine correction of cited or re-cited deficiencies. In 2003, the Department of Aging and Disability Services (DADS) Regulatory Services Division developed procedures for desk revisits in response to changes in the revisit policy specified by the Centers for Medicare and Medicaid Services (CMS) State Operations Manual (SOM), Section 2732. (Subsequent changes in licensure rules in the Texas Administrative Code (TAC), Title 40, Part 1, Chapter 19, §19.2002(a) followed shortly thereafter). CMS provided criteria for determining when revisits **must be conducted on site** and allowed for revisits to be conducted by **mail or telephone** if certain criteria were met. These mail and telephone revisits were referred to as “**desk reviews.**” These procedures for on-site revisits and desk reviews were specified in Survey and Certification Clarification (S&CC) 03-10.

S&CC 08-08 was created and the Revisit Guidance for Nursing Facility Medicare/Medicaid Certification Deficiencies was revised to remind Regulatory Services staff of procedures they must follow to determine when an on-site revisit or desk review will be conducted. The regions do not have discretion to not follow these procedures.

### **This revisit guidance applies to health and Life Safety Code:**

- certification deficiencies and
- licensure violations with **identical findings to certification findings**. Certification deficiencies and licensure violations supported by **identical findings** on both Forms CMS 2567L and DADS Form 3724 (Statement of Licensing Violations and Plan of Correction) will be followed up together and in accordance with this revisit guidance.

**This revisit guidance does *not* apply to certification deficiencies or licensure violations cited as the result of an initial certification and licensure inspection, respectively; Regulatory Services will conduct on-site revisits for all deficiencies and violations cited at initial certification and licensure inspections until the facility achieves substantial compliance.**

**A separate document describes procedures for following up:** 1) licensure violations cited in licensed-only facilities and 2) licensure violations cited in certified nursing facilities that a) do **not** have a corresponding certification deficiency tag or b) are **not** identical in findings to the corresponding certification deficiency cited on Form CMS 2567L. **See S&CC 03-06 – Follow-up Visit Guidance for Nursing Facility Licensure Violations.**

### **A. General Revisit Guidance Information**

1. The decision to conduct an **on-site revisit or desk review** will depend on the **scope and severity level** of the certification deficiency(ies) cited. This revisit guidance limits **onsite revisits** to higher level deficiencies and **desk reviews** to lower level deficiencies.
2. Staff will assign scope and severity levels to health and Life Safety Code certification deficiencies and licensure violations with **identical findings** for the purpose of determining the type of revisit to conduct, using established scope and severity criteria. Established scope and severity criteria can be found in CMS SOM Section 7400 and in 40 TAC §19.2112(f)(2). When a licensure violation does not have the same scope and severity as the

certification deficiency, follow the scope and severity assigned to the certification deficiency when determining the type of revisit to be conducted.

<b>Scope and Severity Criteria</b>			
Immediate jeopardy to resident health and safety.	J	K	L
Actual harm that is not immediate jeopardy.	G	H	I
No actual harm with a potential for more than minimal harm that is not immediate jeopardy.	D	E	F
No actual harm with a potential for minimal harm.	A	B	C
	<b>Isolated</b>	<b>Pattern</b>	<b>Widespread</b>

3. The first revisit must occur any time between the last correction date on the plan of correction (PoC) and the 60<sup>th</sup> day from the survey exit date. This allows time for imposition of a mandatory denial of payment for new admissions (DPNA) by the 70<sup>th</sup> day following the initial exit date. Any ongoing enforcement action must continue or will be imposed by CMS.
4. See "Attachment 2" for the Revisit/Date of Compliance Policy contained in the SOM.

**B. On-site Revisits**

The state survey agency may conduct only **two on-site** revisits in certified nursing facilities without prior approval. When applicable, the revisit for both the health survey and Life Safety Code survey is counted as one revisit. A third **on-site** revisit may be conducted if approved by the appropriate authority. A desk review (mail or telephone revisit) is **not** counted as an "**on-site** revisit" for this restriction.

**1. On-site revisits are conducted for:**

- a. A deficiency cited or re-cited at level F with substandard quality of care (SQC) or G through L. On-site revisits for determining removal of Immediate Jeopardy or as follow up to complaint surveys count in the number of revisits allotted by CMS.
- b. A deficiency originally cited at level F with SQC or G through L that is re-cited at level D through F with no SQC. **The deficiency must be followed up on site until the facility achieves substantial compliance with the requirement. Substantial compliance with the requirement is achieved when the deficiency is corrected or the deficiency is re-cited at level A, B or C.** (Refer to S&CC 06-15 and SOM Chapter 7, §7001 for further detail).
- c. A deficiency whose **identical no right to correct** licensure violation resulted in an administrative penalty recommendation, even if the original deficiency did not result in SQC or actual harm.

**2. Acceptable Correction Dates for Deficiencies Followed Up On Site and Verified as Corrected On Site**

A facility's ability to be certified in compliance as of a date sooner than the **on-site** revisit date is diminished with each **on-site** revisit, per CMS S&C Letter 01-10. Therefore, the correction date for deficiencies followed up on site and verified as corrected on site will be based on which on-site revisit is being conducted (1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup>).

a. **First on-site revisit**

- i) **When the facility is in substantial compliance at the first on-site revisit**, the correction date for deficiencies followed up onsite and verified as corrected on site will be the **PoC completion date or the date evidence shows correction occurred**.
- ii) **When noncompliance continues at the first on-site revisit** (i.e., deficiencies are cited or re-cited at level D or above), the correction date for deficiencies followed up on site and verified as corrected on site will be the **revisit exit date or the date evidence shows correction occurred**. Because noncompliance continues at the first on-site revisit, any ongoing enforcement action or recommended imposition of remedies must also continue.

b. **Second on-site revisit** – The correction date for deficiencies followed up on site and verified as corrected at the **second** on-site revisit will be the **revisit exit date or the date evidence shows correction occurred**. The survey team and manager must review and concur that evidence exists that correction occurred prior to the on-site revisit date. When noncompliance continues at the second on-site revisit, any ongoing enforcement action must also continue.

c. **Third on-site revisit** – **These are rare and authorized only by the regional CMS office**. The correction date for deficiencies followed up on site and verified as corrected at the **third** on-site revisit will **not** be earlier than the **revisit exit date**. When noncompliance continues at the third on-site revisit, any ongoing enforcement action must also continue. See RS&C Letter 05-04 for details.

C. **Desk Reviews**

**Desk reviews** are limited to the review of deficiencies that do **not** require an **on-site visit** to determine correction. ***If cited deficiencies meet these criteria for desk reviews, do not go on site to verify correction.***

1. **Desk reviews will be conducted for:**

- a. A new deficiency cited at level B through F with no SQC;
- b. A deficiency originally cited at level F with SQC or G through L that is re-cited at level B or C, since substantial compliance has been achieved.

2. When deficiencies are cited at various scope and severity levels requiring a desk review and on-site revisit, **the desk review must be performed before the on-site revisit**.

3. **The desk review will begin as soon as** a facility's PoC is received. However, when a facility is asked to submit evidence showing how a particular deficiency was corrected, the desk review **will begin as soon as** evidence is received. A date of substantial compliance cannot be determined if **an interim visit results in outstanding deficiencies. Substantial compliance cannot be determined based on the latest PoC date while additional certification deficiencies exist.**

4. **For deficiencies cited or re-cited at level B or C** after the PoC is accepted, the desk review involves accepting the facility's reported corrections on the PoC as determination of correction in lieu of further follow-up. No further evidence to substantiate correction may be requested for level B and C deficiencies. **Deficiencies cited or re-cited at level B through F with no SQC will *not* be approved for on site review. The correction date for the deficiency (and violation with identical findings) will be the PoC completion date.** Deficiencies cited or re-cited at level B or C are within the substantial compliance range and need **not** be reviewed for correction during subsequent revisits within the same survey cycle, per SOM Section 7317 A. 1.
5. **For deficiencies cited or re-cited at level D through F with no SQC** (identified in paragraph C. 1. a. and b., above), after the PoC is accepted, the desk review involves a thorough review of the facility's reported corrections on the PoC, or of the evidence the facility was asked to submit to substantiate correction. The desk review may also involve telephone contact with a facility to obtain clarification about the evidence submitted.

**When the state survey agency has accepted a facility's reported corrections on the PoC the correction date for the deficiency and violation with identical findings will be the PoC completion date or the date evidence shows correction occurred.**

**Note:** A facility must work toward and maintain compliance after correction is determined, **regardless of how correction is determined.** If, during a future visit, deficiencies and violations with identical findings that were determined corrected through a **desk review** are cited again, enforcement actions may be recommended, including the immediate imposition of remedies. The facility is notified of this condition with the *Notice of Accepted Plan of Correction* form, "Attachment 3."

6. **When a facility is asked to submit evidence showing how a particular deficiency was corrected:**
  - a. Evidence must be requested **early** in the compliance process with the *Notice of Accepted Plan of Correction* form, "Attachment 3." This form is used to:
    - i) Notify the facility that its PoC is accepted. **A facility PoC must meet criteria at 40TAC §19.2004(d), 42 CFR §488.402(d) and Section 7304 D of the SOM.**
    - ii) Notify the facility that the reported corrections on their PoC may be accepted as determination of correction in lieu of conducting an onsite revisit.
    - iii) Request evidence from a facility to determine correction for all deficiencies cited at level D through F with no SQC. Deficiencies cited at level B and C require a PoC; however, the facility is in substantial compliance with the requirement.
  - b. Evidence must be requested for:
    - i) A deficiency cited at level D through F with no SQC whose **identical** right to correct licensure violation resulted in an **administrative penalty** recommendation. Evidence is requested only for the violation that resulted in the administrative penalty.
    - ii) A deficiency cited at level D through F with no SQC and with no opportunity to correct that resulted in a recommendation for an **immediate remedy**.

- iii) A deficiency cited or re-cited at level D through F with no SQC during the **first or second on-site revisit**.
- c. Evidence must be received by the DADS regional office by the due date documented on the *Notice of Accepted Plan of Correction* form, "Attachment 3." **The evidence due date is calculated by adding five working days to:** i) the latest PoC completion date for the specific group of deficiencies for which evidence is being requested, or ii) the date of the *Notice*, "Attachment 3," whichever is later. This allows the facility time to complete its correction, gather evidence, and submit it to the DADS regional office.  
  
**Note:** Because the evidence due date is based on a PoC completion date, you must assess the PoC completion dates carefully before accepting the PoC. Consider if the PoC completion date allows the state survey agency enough time to meet established revisit time frames should an on-site revisit be necessary.
- d. Evidence must show the action a facility took to correct the deficiency. Telephone contact with the administrator may be necessary to clarify or modify the PoC. Examples of acceptable evidence are the following:
  - i) An invoice or receipt that verifies purchases were made, repairs were completed, etc.
  - ii) Sign-in sheets verifying staff attendance at in-service training.
  - iii) Interviews with more than one training participant about in-service training.
  - iv) Contact with the resident council, for example, when dignity issues are involved.

## D. ASPEN

The Automated Survey Processing Environment (ASPEN) system is a central federal database for all certification deficiencies and licensure violations. In addition to entering all certification deficiencies and licensure violations into ASPEN, respective scope and severity levels must also be entered into ASPEN.

- For certification deficiencies, all scope and severity levels A through L are entered into ASPEN.
- For licensure violations, only scope and severity levels B through L are entered into ASPEN. **Users must *not* enter scope and severity level "A" for any licensure violation into ASPEN because doing so will cause the violation tag to print on a separate "A" form instead of being incorporated into the DADS 3724. Therefore, it would *not* come forward to the follow-up visit and *not* print on the DADS Form 3724B.**

**Create one or two ASPEN events based on the following information:**

1. Create **one** ASPEN event:
  - a. when **all** deficiencies are corrected by desk review; or
  - b. to report results of a combined desk review and on-site revisit. Furthermore, when both a desk review and on-site revisit are conducted, the desk review and onsite revisit findings must be data entered in ASPEN and the Compliance, Assessment, Regulation, and Enforcement System (CARES) together to avoid ASPEN upload errors and incomplete CARES reports. **The on-site visit and desk review findings must be uploaded as one certification kit to avoid errors.**

2. Create **two** ASPEN events when an **on-site revisit** is conducted with a **new** investigation and/or survey.
  - a. The **first** ASPEN event is created for the **on-site revisit** (as well as the **desk review**, if a desk review was **previously** performed in conjunction with the on-site revisit).
  - b. The **second** ASPEN event is created for the **new** investigation and/or survey. Refer to IM 05-10 for detailed instruction for investigating complaints during noncompliance cycles.

## E. Survey Forms

The Regional Records Management Procedures Handbook contains instructions for completing various forms required for the survey process. The information in this section is intended to supplement instructions for completing the following forms: Report of Contact (ROC), CMS 2567L, CMS 2567B and CMS 670, and DADS Forms 3724 and 3724B.

1. **An ROC** is completed for all facility surveys and revisits and is generated through CARES.
  - a. When **only** a **desk review** is performed, the *Entrance and Exit Date*, *Purpose of Contact*, *Classification*, *DADS Regulatory Staff*, and *Facility Staff* fields on the **ROC** are completed as follows:
    - Under ***Entrance and Exit Date***, enter the date(s) of the desk review.
    - Under ***Purpose of Contact***, enter codes for: non-onsite follow-up (desk review); complaint, incident or survey follow-up; and/or telephone contact, as appropriate.
    - Under ***Classification***, omit the bed capacity and census counts.
    - Under ***LTC Staff***, enter the name(s) of the regulatory individual(s) who conducted the desk review.
    - Under ***Facility Staff***, enter the administrator's name or the name of the individual who submitted the PoC or written evidence.
  - b. When both a **desk review and on-site revisit** are conducted, complete one ROC with all appropriate purpose of contact codes, census, and LTC and facility staff names; however, only record the **on-site revisit *Entrance and Exit Dates*** on the **ROC**.
2. Forms **CMS 2567L and DADS Form 3724** are printed from ASPEN after the evidence of deficiencies or violations found during an **on-site visit** have been data entered.
3. Forms **CMS 2567B and DADS Form 3724B** are printed after data entry reporting the correction of deficiencies and violations and date(s) of correction, whether correction is verified by an on-site visit or desk review.
  - a. When deficiencies and violations with **identical findings** are determined corrected by **desk review**, complete *one* CMS 2567B and *one* DADS Form 3724B. Acceptable correction dates for deficiencies/violations verified as corrected by desk review are described in subparagraphs C. 4. and 5. of this guidance.
  - b. When deficiencies and licensure violations with **identical findings** are determined corrected by both **desk review and on-site revisit**, complete *one* CMS 2567B and *one* DADS Form 3724B. Acceptable correction dates for deficiencies/violations followed up on site and verified as corrected on site are described in subparagraph B. 2. of this guidance.

4. Complete Form **CMS 670** to record Regulatory Services staff time spent on facility surveys and revisits.
  - a. When a **desk review** is performed, only certain fields on form CMS 670 are completed. When the survey event is defined in ASPEN Central Office (ACO), the “F-Off-site/Paper Review” option should be checked under the “Extent(s).” Doing so will cause that CMS 670 data entry window not to have entrance and exit dates, or allow entry of on site or travel hours. Only “Pre-survey” and “Off Site” hours should be data entered. Follow-up visit activities that should and should not be recorded on the CMS 670 are described in the “*HCFA-670 – Survey Team Composition and Workload Report National Guidance Package.*”
    - i) **The following fields are mandatory:**
      - Survey ID Number
      - Pre-survey Preparation Hours
      - Off-site Report Preparation Hours
      - Total Supervisory Review Hours
      - Total Clerical/Data Entry Hours
    - ii) **The following fields *must* remain blank:**
      - First Date Arrived
      - On-site Hours
      - Last Date Departed
      - Travel Hours
  - b. When both a **desk review and on-site revisit** are conducted, complete **one CMS 670** form once the on-site revisit has been conducted. When the survey even is defined in ASPEN Central Office (ACO), the “F-Off-Site/Paper Review” option should **NOT** be checked under the “Extent(s).” ASPEN does not record the desk review and on-site revisit hours when both are done.
    - i) Individuals who conducted the **on-site** revisit complete **all** fields on the form.
    - ii) Individuals who conducted the **desk review** complete only the portions required for the desk review. (See instructions in subparagraph E. 4. a., above.)
5. **Regions notify facilities of their revisit results by sending them the ROC, in addition to other required forms, including those described in Section E.**
  - a. When only a **desk review** is performed and **all** deficiencies and **identical** violations are verified as corrected based on PoC and/or evidence, required documents are sent to the facility after the desk review.
  - b. When an **on-site** revisit is conducted in conjunction with a desk review, required documents are sent to the facility **after the onsite revisit.**

## F. CARES

CARES is another central statewide database for all certification deficiencies and licensure violations. The **status** of each deficiency/violation or “tag” is captured in the Compliance Review segment of CARES, specifically, the “Aspen Tag” folder and “Tag Details” subfolder.

Two new “tag” status codes were added for the **desk review**. **They must be selected manually when they apply.**

1. When a **desk review** is conducted, select:
  - a. **“CORRECTED-DESK REVIEW/POC ONLY”** when a tag is followed-up by desk review and a PoC is accepted as determination of correction in lieu of an on-site revisit; or
  - b. **“CORRECTED-DESK REVIEW/EVIDENCE ACCEPTED”** when a tag is followed-up by desk review and evidence is accepted as determination of correction in lieu of an on-site revisit.
2. When both a **desk review and on-site revisit** are conducted, the desk review and on-site revisit findings must be data entered in CARES together to avoid incomplete CARES reports.

## Revisit/Date of Compliance Policy

Revisit	Substantial compliance	Old deficiencies corrected but continuing noncompliance at F (no SQC) or below	Old deficiencies corrected but continuing noncompliance at F (SQC), harm or IJ	Noncompliance continues	Any noncompliance
<b>1<sup>st</sup> revisit</b>	Compliance is certified as of the latest correction date on the approved PoC, unless it is determined that either correction actually occurred between the latest correction date on the PoC and the date of the 1 <sup>st</sup> revisit, or correction date on the PoC.	<p>1. A 2<sup>nd</sup> revisit is discretionary if acceptable evidence is provided.</p> <p>When evidence is accepted with no 2<sup>nd</sup> revisit, compliance is certified as of the date confirmed by the evidence.</p> <p>2. When a 2<sup>nd</sup> revisit is conducted, acceptable evidence is required if the facility wants a date earlier than that of the 2<sup>nd</sup> revisit to be considered for the compliance date.</p>	<p>1. A 2<sup>nd</sup> revisit is required.</p> <p>2. Acceptable evidence is required if the facility wants a date earlier than that of the 2<sup>nd</sup> revisit to be considered for the compliance date.</p>	<p>1. A 2<sup>nd</sup> revisit is required.</p> <p>2. Acceptable evidence is required if the facility wants a date earlier than that of the 2<sup>nd</sup> revisit to be considered as the compliance date.</p> <p>3. A remedy must be imposed.</p>	
<b>2<sup>nd</sup> revisit</b>	Compliance is certified as of the date of the 2 <sup>nd</sup> revisit or the date confirmed by the acceptable evidence, whichever is sooner.				<p>1. A remedy must be imposed if not already imposed.</p> <p>2. Either conduct a 3<sup>rd</sup> revisit or proceed to termination.</p>
<b>A 3<sup>rd</sup> REVISIT MUST BE APPROVED BY THE REGIONAL OFFICE.</b>					
<b>3<sup>rd</sup> revisit</b>	Compliance is certified as of the date of the 3 <sup>rd</sup> revisit.				Proceed to termination.

Examples of acceptable evidence may include, but are not limited to:

- An invoice or receipt verifying purchases, repairs, etc.
- Sign-in sheets verifying attendance of staff at in-service training.
- Interviews with more than one training participant about training.
- Contact with resident council, e.g., when dignity issues are involved.

Givens:

- An approved PoC is required whenever there is noncompliance.
- Remedies can be imposed anytime for any level of noncompliance.
- Revisits can be conducted anytime for any level of noncompliance.

**TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES  
NOTICE OF ACCEPTED PLAN OF CORRECTION**

<b>To:</b>	Facility Administrator/Representative
Facility Name:	_____
Facility ID Number:	_____
Telephone Number:	_____
Fax Number:	_____
<b>From:</b>	
Program:	Regulatory Services [-----city-----] Regional Office
Phone Number:	_____
Fax Number:	_____
Mail Code:	_____
Address:	_____

**We accepted your plan of correction (PoC) for the following visit(s):**  
 Health     LSC    **Exit Date:** \_\_\_\_\_  
If you wish to revise your PoC completion date, please contact the program manager at the telephone number or address provided above.

**Follow-up Visit Information** (Select only the statements that apply):

- A follow-up visit may be scheduled to determine compliance for violations/deficiencies cited. (Select this statement after the original visit and first onsite follow-up visit.)
- A third on-site follow-up visit, if authorized, may be scheduled to determine compliance for violations/deficiencies cited. (Select this statement after the second on-site follow-up visit.)
- Violations/deficiencies may be followed up by desk review. Reported corrections on the PoC and evidence may be accepted as determination of correction in lieu of conducting an on-site follow-up visit for: a) **licensure violations** cited at scope and severity levels A through E, and b) **certification deficiencies** cited at scope and severity levels B through F with no substandard quality of care. (Select this statement when a desk review may be performed.)

**Evidence Request** (Select the following statement only when requesting evidence):  
As described in the preceding paragraph, **evidence** may be requested and accepted as determination of correction in lieu of conducting an onsite follow-up visit.

Submit evidence showing how the facility attained and maintains corrective action for the following violation(s)/deficiency(ies) cited on the exit date referenced above: \_\_\_\_\_  
\_\_\_\_\_

Evidence must be **received** at the DADS regional office listed above by: \_\_\_\_\_

Evidence must clearly identify which violation/deficiency it corresponds to. Examples of acceptable evidence include the following:

- An invoice or receipt verifying purchases were made, repairs were completed, etc.
- Sign-in sheets verifying staff attendance at in-service training.
- Interviews with more than one training participant about in-service training.
- Contact with the resident council, for example, when dignity issues are involved.

**If during a future visit, violations/deficiencies that were determined corrected through desk review are again cited, we may recommend enforcement actions, including immediate imposition of remedies for certified nursing facilities.** For questions, please contact the regional office listed above.