

The survey report, or **CMS Form 2567**, is the Federal form that must be used by the state to document inspections or surveys. The report form is divided into two columns as illustrated below:

CMS FORM 2567	
Statement of Deficiencies (SOD)	Plan of Correction (POC)
State agency (DSHS) completes this section, indicating deficiency-free or listing any deficiencies found during the survey, if any.	The nursing facility completes this section

MEANING OF TERMS FREQUENCY USED IN THESE REPORTS:

A Deficiency is a finding that a facility failed to meet one or more Federal health requirements during an annual health inspection or a complaint inspection.

A Complaint Investigation Report is the written report for complaint investigations that result in a citation. Typically initiated by a [reporting a concern involving a vulnerable adult](#), either a facility making a mandatory report or a member of the public with a concern about care.

Fire Safety Deficiency is a finding that a facility failed to meet one or more Federal fire safety requirements.

CMS Level A is the federal form used to document practices found to be isolated and not resulting in harm to residents. The nursing home is expected to correct these practices.

Health Survey – Also referred to as the full health survey, evaluates the quality of care and services provided to residents as well as the evaluating the building, equipment, staffing, policies, procedures and finances of the nursing home. In short, it is a snapshot of the facility at the point in time when the survey is conducted.

Life Safety Code (LSC) Survey – an inspection conducted by the [Office of the State Fire Marshal](#) in conjunction with the DSHS certification (health) survey. This survey evaluates the facility for potential hazards pertaining to fire and life safety hazards. The LSC survey report is issued separate from the health survey report.

The Plan of Correction (or POC) is a facility’s written response to cited deficiencies; found in the right hand column of the CMS 2567 form. The facility must respond to each and every deficiency cited on the survey, specifically outlining how they plan to address and correct the deficiencies listed and action taken to minimize the risk of reoccurrence.

The Registered Nurse (R.N.) Exception Letter - Certain Nursing homes with over 60 beds are required by law to have a registered nurse on duty 24/7. A facility can request an exception to this rule if the facility can show difficulty meeting this requirement after efforts to recruit and retain registered nurses. The exception is valid for 1 year and facilities can request up to 3 consecutive exceptions.

State Fire Marshall - Conducts fire inspections in all licensed nursing homes in conjunction with the Department of Social and Health Services (DSHS).

State Survey Agency – Conducts full health surveys and complaint investigations for compliance with state and federal regulations in all licensed nursing homes/facilities. In Washington state, the state survey agency is the Department of Social and Health Services (DSHS), Aging & Long-Term Support Administration, Residential Care Services Division.

Statement of Deficiencies – The written report of deficiencies; found in the left hand column of the CMS 2567 form. If deficiencies (or violations of law) are found, a citation is written. Based on seriousness of deficiencies, DSHS enforcement actions may range from civil fines (monetary penalties), conditions on the license, and stop placement (facility may not accept any new residents until the deficiency is corrected); to suspension or revocation of the license.

Survey – Another word used for “inspection”, particularly in nursing homes. It is the process by which the state survey agency staff evaluates the nursing home licensee's compliance with applicable statutes and regulations.

Survey Frequency - Federal law requires DSHS to conduct an unannounced full health survey or inspection at least every 15 months.