State Health Department Surveys: Preparation, Common Deficiencies, and Corrective Action Plans

THE DIRECT ANSWER

State survey agencies conduct unannounced Medicare certification surveys on CMS's behalf; hospitals stay survey-ready by keeping CoP documentation current, closing gaps before surveyors arrive, and submitting credible Plans of Correction when tags are cited. This guide covers preparation, frequently cited environment-of-care and emergency preparedness deficiencies, and how to write CAPs that hold up on follow-up.

UNDERSTANDING STATE HEALTH DEPARTMENT SURVEYS

- State survey agencies (SSAs) perform certification surveys for CMS and enforce state hospital licensing. Full surveys are typically unannounced. Cycle length depends on facility type, complaint history, and prior findings—not on your internal calendar.

SURVEY AUTHORITY AND SCOPE

- Federal standards: CMS sets hospital CoPs and survey protocols (CMS certification and compliance).
- State role: SSAs conduct surveys, investigate complaints, and coordinate enforcement with CMS.
- Frequency: Often triennial for stable providers; complaint, incident, or repeat-deficiency history can trigger earlier visits.
- Scope: Full surveys or targeted reviews tied to complaints, sentinel events, or prior tags.
- Duration: Commonly several days on site for hospitals; shorter for focused follow-ups.

FIELD QUESTION

Where does this come from?

This sheet distills the full Healthcare Facility Hub article linked below, which carries the complete text, references, and sourcing.

From Healthcare Facility Hub - free, like everything on the site. The full article is at the link below.

Caution: codes, editions, and targets vary by facility and authority having jurisdiction (AHJ). Figures marked as common practice are facility targets, not code requirements. Confirm against your AHJ and the current code text before acting.