



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, Washington 98504-5600

November 16, 2022

AL TSA: NH #2022-063
QSO-23-02-ALL RELEASED, REVISING GUIDANCE
FOR STAFF VACCINATION REQUIREMENTS

Dear Nursing Facility/Home Administrator:

On November 5, 2021, Centers for Medicare and Medicaid Services (CMS) published an interim final rule with comment period (ICF), which established requirements regarding COVID-19 vaccine immunization of staff among Medicare and Medicaid-certified providers. The CMS staff vaccination requirement has been enforced in all states since February 20, 2022. To date, most providers and suppliers surveyed by states have been found to be in substantial compliance with this requirement.

CMS released [QSO-23-02-ALL](#) on October 26, 2022, providing revised guidance for staff vaccination requirements. CMS is replacing QSO memoranda 22-07-ALL Revised, 22-09-ALL Revised, and 22-11-ALL Revised, and is revising the interpretive guidance for Long-Term Care and Skilled Nursing Facility found in Attachment A for F888. The revisions address frequency of review of the Staff Vaccination requirements, as well as Immediate Jeopardy, Condition-level and actual harm determinations to ensure that deficiency citations recognize good faith efforts by providers/suppliers.

Vaccination Enforcement:

Facility staff vaccination rates under 100% of unexcepted staff (staff who have not been granted an exemption from the COVID-19 vaccine or those for whom COVID-19 vaccination must be temporarily delayed, as recommended by the Centers for Disease Control and Prevention) constitute noncompliance under the rule. Noncompliance does not necessarily lead to termination, and facilities will generally be given opportunities to return to compliance. Facilities have discretion to choose which additional precautions to implement that align with the intent of the regulation which is intended to “mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated.”

Survey Process Updates for tag F888:

To determine compliance with §483.80(i), surveyors will request the facility’s COVID-19 vaccination policies and procedures, the number of staff COVID-19 cases over the last 4 weeks, a list of all staff and vaccination status and information on how the facility ensures that their contracted staff are compliant with the vaccination requirement. Per [QSO-22-17-ALL](#), surveyors will review compliance with this requirement on all initial certification, standard recertification surveys, and complaint surveys specifically alleging noncompliance with this requirement.

CDC NHSN Data Verification:

Surveyors have the discretion to verify the accuracy of Centers for Disease Control (CDC) National Healthcare Safety Network (NHSN) data on surveys based on a complaint report or if concerns are identified. We note that CMS and CDC conduct quality checks of facility NHSN data submissions each week in an effort to identify trends or indicators of data reporting issues.

ALTSA Provider Letter: **CMS, QSOG and SOG RELEASED QSO-23-02-ALL, REVISING GUIDANCE FOR STAFF VACCINATION REQUIREMENTS**

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Citing Noncompliance – Scope and Severity:

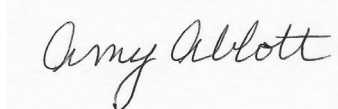
CMS is directing that the level of severity and scope for noncompliance at F888 based on the failure to implement policies and procedures will be cited at severity level 1, with a scope of widespread, or “C.” Situations indicating egregious noncompliance should be cited at severity level 2, with a scope of widespread, or “F.” For examples of non-compliance, please see [QSO-23-02-ALL](#), page 10.

Plan of Correction and Good Faith Effort:

Facilities must submit a plan of correction (POC) demonstrating a good faith effort to correct the noncompliance. For examples of actions which demonstrate a good faith effort, please see [QSO-23-02-ALL](#), page 11.

Thank you for your continued commitment to resident health and safety. If you have any questions, please contact Molly McClintock, Nursing Home Policy Program Manager, at 360-742-6966 or molly.mcclintock@dshs.wa.gov.

Sincerely,

A handwritten signature in cursive script that reads "Amy Abbott". The signature is written in black ink on a light-colored background.

Amy Abbott, Director
Residential Care Services

DSHS: *“Transforming Lives”*