

X. Information Disclosure

Introduction:

This category of the guide discusses the survey and certification information that must be disclosed to the public. The public may request information in accordance with disclosure procedures specified in [45 CFR part 5](#).

What you'll learn:

- What and when information must be made available to the public
- Information that must be provided to long-term care ombudsmen
- Information that must be furnished by facilities with substandard quality of care

Public Information [SOM §7900]

The state SA, the SMA, or CMS must make the following information available to the public, **upon the public's request**, for all surveys and certifications of SNFs and NFs:

- The fact that a facility does or does not participate in the Medicare/Medicaid program;
- The official "Statement of Deficiencies and Plan of Correction", [Form CMS-2567](#);
 - If it contains the name of any individual, medical information about any identifiable resident, the identity of a complainant, or the address of anyone other than an owner of the facility, that information must be blocked out before the Form CMS-2567 is released to the public.
- Approved PoC;
 - If the PoC contains the name of any individual, medical information about any identifiable resident, the identity of a complainant, or the address of anyone other than an owner of the facility, that information must be blocked out before the Form CMS-2567 is released to the public.
- When applicable, a "Notice of Isolated Deficiencies Which Cause No Actual Harm With the Potential for Minimal Harm (Form A)" will be included with the Form CMS-2567;
- Facility comments;
- Statements that the facility did not submit an acceptable PoC or failed to comply with the conditions of imposed remedies, if appropriate;
- Official notices of provider terminations;
- Statistical data on facility characteristics that does not identify any specific individual;
- Final appeal results;
- Medicare and Medicaid cost reports; and

- Names of individuals with direct or indirect ownership interest in a SNF or NF who have been found guilty by a court of law of a criminal offense in violation of Medicare or Medicaid law.

If the public requests copies of the records and information described above from CMS, there will generally be a charge.

Timely Disclosure [SOM §7903]

Upon the public's request, the state SA, RO, or SMA, where appropriate, must make the following information available to the public within 14 calendar days after each item is made available to the facility:

- "Statements of Deficiencies and Plan of Correction" ([Form CMS-2567](#));
- Separate listings of any Notice of Isolated Deficiencies Which Cause No Actual Harm with the Potential for Minimal Harm (Form A); and
- Approved plans of correction which contain any facility response to the statement of deficiencies.

State Long-Term Care Ombudsman [SOM §7904, see also §3000B]

The state SA must provide the state's long-term care ombudsman with the following:

- A Statement of Deficiencies reflecting facility noncompliance and, if applicable, a separate list of isolated deficiencies that constitute no actual harm with the potential for minimal harm;
- Reports of adverse actions imposed on a facility;
- Any written response by the facility, including PoCs and facility requests for informal dispute resolution; and
- A facility's request for an appeal and the results of any appeal.

The Long-Term Care Ombudsman Program is an advocate and resource for individuals who reside in LTC facilities such as nursing homes, assisted living, adult care facilities, and family type homes. They also provide support to families so that they have a better understanding of residents' rights and care standards and are able to make their voices heard on behalf of residents.

Federal Surveys [SOM §7904.2]

CMS will contact the state SA and provide the information needed for the state to notify the ombudsman on CMS's behalf.

Substandard Quality of Care [SOM §7905]

A facility must provide the SA with a list of the following not later than 10 working days after receiving a notice of substandard quality of care:

- Each resident in the facility with respect to whom a finding of substandard quality of care was made; and
- The name and address of their attending physician.

Federal Surveys [SOM §7905.3]

In the case of a finding of substandard quality of care based on a federal survey, the RO will instruct the facility to provide the necessary information to the SA.

State Medicaid Fraud Control Unit (MFCU) [SOM §7907]

The state SA must provide access to any survey and certification information incidental to a facility's participation in Medicare or Medicaid to a state Medicaid Fraud Control Unit (MFCU) consistent with current state law and the operating agreement between the state SA and the state MFCU.

MFCUs investigate and prosecute Medicaid fraud as well as patient abuse and neglect in health care facilities. The [MFCU](#) in the majority of states is housed in the state's attorney general's office.