



## DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

To: Nursing Home Administrators

From: Tricia Tomsko Nay, MD, Executive Director, Office of Health Care Quality

Re: CRISP Reporting Requirements

*Patricia Tomsko Nay, MD*

Date: August 23, 2021

On March 5, 2020, Governor Hogan declared a state of emergency and existence of a catastrophic health emergency related to the COVID-19 pandemic.

<https://governor.maryland.gov/wp-content/uploads/2020/03/Proclamation-COVID-19.pdf>

On April 29, 2020, the Governor issued an Executive Order stating “The Secretary is hereby ordered to issue directives under this Order requiring each Nursing Home to: ... Regularly report to CRISP and the applicable local health department such information as the Secretary deems necessary to monitor the spread of the COVID-19 in and around Nursing Homes.”

<https://governor.maryland.gov/wp-content/uploads/2020/04/Nursing-Homes-Amended-4.29.20.pdf>

Beginning with an order dated April 29, 2020, the Secretary of Health has required nursing homes to report specific COVID-19 information on a regular basis. The most recent order dated August 18, 2021 requires that the following information be reported:

To Chesapeake Regional Information System for our Patients (CRISP) on a daily basis:

- i. The census of occupied beds;
- ii. Number of residents with positive COVID-19 test results;
- iii. Number of staff with positive COVID-19 test results;
- iv. Number of deaths, by COVID-19 status; and
- v. any other information requested or required.

To CRISP on a weekly basis:

- i. The number of fully vaccinated residents; and
- ii. The number of fully vaccinated staff,

**TO ENSURE that facilities' vaccination data is included in the weekly update, please submit this data on Wednesdays by 11:00 a.m.**

<https://health.maryland.gov/phpa/Documents/2021.08.018.02%20-%20MDH%20Order%20-%20Amended%20Nursing%20Home%20Matters%20Order.pdf>

Information available through CRISP reporting informs State and local responses to assist nursing homes throughout the State. For example, local health departments have provided direct support when outbreaks have begun, staffing resources have been allocated, and urgent PPE needs were addressed during periods of nationwide shortage. The various public health efforts providing support to providers statewide requires that CRISP data is maintained, current, and accurate.

In the past two weeks, a third of all nursing homes failed to report to CRISP on one or more days. Given the importance of this data, the continued failure of facilities to report, and the potential for more than minimal harm, OHCQ will cite nursing homes for each day of non-compliance. Every two to four weeks, OHCQ will review the nursing homes for whom CRISP reporting data is missing to determine if there are extenuating circumstances that prevent a nursing home from submitting the required data.

In the absence of extenuating circumstances, a State civil money penalty will be imposed for non-reporting to CRISP. To decrease the facility's administrative burden of submitting a plan of correction and OHCQ's review of the facility's plan, OHCQ will impose a directed plan of correction (see page 3).

- First deficiency: \$2,500 State CMP per instance of day of not reporting with a directed plan of correction. For example, if the facility does not report 3 days of the two-week period, the CMP is \$7,500.
- Second deficiency: \$5,000 State CMP per instance of day of not reporting with a directed plan of correction. For example, if the facility for a second time does not report 3 days of the two-week period, the CMP is \$15,000.
- Third deficiency: \$7,500 State CMP per instance of day of not reporting and \$7,500 for a quality assurance performance improvement deficiency with a directed plan of correction. For example, if the facility for a third time does not report 3 days of the two-week period, the CMP is \$30,000.
- Fourth deficiency: \$10,000 State CMP per instance of day of not reporting and \$10,000 for quality assurance performance improvement deficiency with a directed plan of correction. For example, if the facility for a fourth time does not report 3 days of the two-week period, the CMP is \$40,000.
- Fifth deficiency: A directed plan of correction will be imposed that requires the nursing home to hire a consultant to collect and submit data to CRISP.

Note that OHCQ may perform an on-site survey at any time to verify a nursing home's compliance with regulations and requirements. If you have any questions or need additional information, please contact me at [tricia.nay@maryland.gov](mailto:tricia.nay@maryland.gov)

cc: Ciara Lee, Executive Director, Board of Examiners of Nursing Home Administrators  
Carla Boyd, AAG  
Jinlene Chan, MD, Deputy Secretary for Public Health  
Jon Weinstein, Director, COVID-19 Recovery Program

**Name of Facility**  
**Directed Plan of Correction**  
**Date of Imposition**

1. The facility's failure to report data to CRISP impairs the prompt identification of potential new infectious outbreaks that may require community or state-based responses and interventions and thereby places all residents, staff, and visitors at increased risk for serious harm.
2. On receipt of this Directed Plan of Correction, the facility shall immediately identify and assign one staff (**Primary Reporter**) as accountable for all daily and weekly CRISP reporting requirements. The Primary Reporter may delegate reporting to other staff (**Delegated Reporter**) on any given day, but the Primary Reporter retains accountability for daily and weekly reporting.
3. The facility shall immediately review and confirm that the Primary Reporter and all Delegated Reporters have working access to the CRISP system.
4. The assigned facility staff shall report all required daily data into CRISP by 11:00 am each day and all required weekly data by 11:00 am each Wednesday.
5. The facility shall establish and maintain a paper or electronic **CRISP Reporting Log** that contains the name of the Primary Reporter or Delegated Reporter for each day and all email receipts received from CRISP during the reporting window. The facility shall educate the Primary Reporter and all Delegated Reporters on this process.
6. The Administrator shall immediately notify the Quality Committee and all members of the governing body of the facility's failure to comply with the mandatory reporting requirements to CRISP.
7. The facility shall designate a **QA Reviewer** who reviews the CRISP Reporting Log daily and takes immediate action(s) on any day that reporting is not completed by the deadline. The QA Reviewer shall prepare and present a report at the monthly Quality Committee meeting. This monthly reporting shall continue for as long as CRISP reporting requirements remain in effect.
8. This plan shall be fully implemented and operational within 24 hours of receipt.