

Navigating the New Surveyor Guidance

FREE WEBINAR

A Practical Guide for SNFs in 2025

TUE, JUL 22 | 2 PM CT



Your speaker



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Agenda

- How to navigate recent updates to Appendix PP and the Critical Element Pathways
- Which key changes impact Admission, Transfers and Discharge, Resident Assessment, Quality of Life, and Quality of Care
- How to apply these changes to improve care planning and support successful discharges
- What works (and what doesn't) when integrating the new guidance into clinical operations and workflow

Attendee poll

- Have you integrated any new policies or procedures because of QSO-25-14-NH?
 - a) Yes
 - b) No
 - c) What is QSO-25-14-NH?

The journey of a thousand miles begins with a single step!

–*Tao Te Ching*



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-25-14-NH

DATE: March 10, 2025

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: **REVISED:** Revised Long-Term Care (LTC) Surveyor Guidance: Significant revisions to enhance quality and oversight of the LTC survey process

Memo Revision Information:

Revisions to: QSO-25-12-NH

Original release date: January 16, 2025

Memorandum Summary

Revised Surveyor Guidance: CMS is releasing the following revised guidance for nursing home surveyors:

- Admission, Transfer & Discharge, Chemical Restraints/Unnecessary Psychotropic Medication, Resident Assessment, Nursing Services, Payroll Based Journal, Quality of Life and Quality of Care, Administration, Quality Assurance Performance Improvement (QAPI), Infection Prevention and Control, and other areas.
- Clarifications and technical corrections have also been made throughout Appendix PP.

Associated Training and Resources:

- Training on this guidance will be available upon release of this memorandum for surveyors and providers.
- Advance copy of the Critical Element Pathways are attached to this memo.
- Advanced copy of Appendix PP is attached to this memo.
- Revised Survey Resources will be posted on **April 28, 2025**.

Effective Date: **Revised to move implementation from March 24, 2025 to April 28, 2025.**

Surveyors will begin using this guidance to determine compliance with requirements on surveys beginning **April 28, 2025**. This allows ample time for surveyors and nursing home providers to be trained on this new information.

Added revised guidance and training for Nursing Services and Payroll Based Journal to the updates for Appendix PP and the Long-Term Care Survey Process and revised the effective date of implementation for all new guidance to **April 28, 2025**.



CMS Survey Resources



Downloads

[Exhibit 358 - 11.10.2022 \(PDF\)](#)

[Exhibit 359 - 11.10.2022 \(PDF\)](#)

[CMS-802 \(PDF\)](#)

[LTCSP Initial Pool Care Areas \(ZIP\)](#)





















[Initial Surveys \(ZIP\)](#)

[LTCSP Interim Revisit Instructions - Updated 07/11/2025 \(PDF\)](#)

[Revision History for LTC Survey Process Documents and Files 07/11/25 \(PDF\)](#)

[Survey Resources \(ZIP\)](#)

[Appendix PP State Operations Manual \(PDF\)](#)

 COVID-19 FIC Survey	File folder
 LTC Survey Pathways	File folder
 LTCSP Initial Pool Care Areas	File folder
 Appendix PP State Operations Manual	Adobe Acrobat Document
 Appendix Q	Adobe Acrobat Document
 Appendix Z State Operations Manual	Adobe Acrobat Document
 Chapter 7 State Operations Manual	Adobe Acrobat Document
 CMS-802	Adobe Acrobat Document
 CMS-807	Adobe Acrobat Document
 Entrance Conference Form	Adobe Acrobat Document
 Immediate Jeopardy Template	Microsoft Word Document
 Immediate Jeopardy Template	Adobe Acrobat Document
 List-of-Revised-FTags	Adobe Acrobat Document
 LTCSP Mapping Document_Streamlined	Adobe Acrobat Document
 LTCSP Procedure Guide	Adobe Acrobat Document
 Principles of Documentation	Adobe Acrobat Document
 Psychosocial Severity Guide	Adobe Acrobat Document
 Scope_Severity Grid	Adobe Acrobat Document
 SOG_IJStateEndDateDetermination-1	Adobe Acrobat Document
 SOG_SingularEventDetermination-1	Adobe Acrobat Document

List of Revised F-Tags

Federal Regulatory Groups for Long Term Care

*Substandard Quality of Care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red

** Tag to be cited by Federal Surveyors Only

F540	Definitions	483.12	Freedom from Abuse, Neglect, and Exploitation	483.24	Quality of Life
483.10	Resident Rights	F600	*Free from Abuse and Neglect	F675	*Quality of Life
F550	*Resident Rights/Exercise of Rights	F602	*Free from Misappropriation/Exploitation	F676	*Activities of Daily Living (ADLs)/ Maintain Abilities
F551	Rights Exercised by Representative	F603	*Free from Involuntary Seclusion	F677	*ADL Care Provided for Dependent Residents
F552	Right to be Informed/Make Treatment Decisions	F604	*Right to be Free from Physical Restraints	F678	*Cardio-Pulmonary Resuscitation (CPR)
F553	Right to Participate in Planning Care	F605	*Right to be Free from Chemical Restraints	F679	*Activities Meet Interest/Needs of Each Resident
F554	Resident Self-Admin Meds-Clinically Appropriate	F606	*Not Employ/Engage Staff with Adverse Actions	F680	*Qualifications of Activity Professional
F555	Right to Choose/Be Informed of Attending Physician	F607	*Develop/Implement Abuse/Neglect, etc. Policies	483.25	Quality of Care
F557	Respect, Dignity/Right to have Personal Property	F609	*Reporting of Alleged Violations	F684	Quality of Care
F558	*Reasonable Accommodations of Needs/Preferences	F610	*Investigate/Prevent/Correct Alleged Violation	F685	*Treatment/Devices to Maintain Hearing/Vision
F559	*Choose/Be Notified of Room/Roommate Change			F686	*Treatment/Svcs to Prevent/Heal Pressure Ulcers
F560	Right to Refuse Certain Transfers	483.15	Admission, Transfer, and Discharge	F687	*Foot Care
F561	*Self Determination	F620	Admissions Policy	F688	*Increase/Prevent Decrease in ROM/Mobility
F562	Immediate Access to Resident	F621	Equal Practices Regardless of Payment Source	F689	*Free of Accident Hazards/Supervision/Devices
F563	Right to Receive/Deny Visitors	F627	Inappropriate Discharges	F690	*Bowel/Bladder Incontinence, Catheter, UTI
F564	Inform of Visitation Rights/Equal Visitation Privileges	F628	Discharge Process	F691	*Colostomy, Urostomy, or Ileostomy Care
F565	*Resident/Family Group and Response			F692	*Nutrition/Hydration Status Maintenance
F566	Right to Perform Facility Services or Refuse			F693	*Tube Feeding Management/Restore Eating Skills
F567	Protection/Management of Personal Funds			F694	*Parenteral/IV Fluids
F568	Accounting and Records of Personal Funds	483.20	Resident Assessments	F695	*Respiratory/Tracheostomy care and Suctioning
F569	Notice and Conveyance of Personal Funds	F635	Admission Physician Orders for Immediate Care	F696	*Prostheses
F570	Surety Bond - Security of Personal Funds	F636	Comprehensive Assessments & Timing	F697	*Pain Management
F571	Limitations on Charges to Personal Funds	F637	Comprehensive Assmt After Significant Change	F698	*Dialysis
F572	Notice of Rights and Rules	F638	Quarterly Assessment At Least Every 3 Months	F699	*Trauma Informed Care
F573	Right to Access/Purchase Copies of Records	F639	Maintain 15 Months of Resident Assessments	F700	*Bedrails
F574	Required Notices and Contact Information	F640	Encoding/Transmitting Resident Assessment	483.30	Physician Services
F575	Required Postings	F641	Accuracy of Assessments	F710	Resident's Care Supervised by a Physician
F576	Right to Forms of Communication with Privacy	F644	Coordination of PASARR and Assessments	F711	Physician Visits- Review Care/Notes/Order
F577	Right to Survey Results/Advocate Agency Info	F645	PASARR Screening for MD & ID	F712	Physician Visits-Frequency/Timeliness/Alternate NPPs
F578	Request/Refuse/Discontinue Treatment;Formulate Adv Di	F646	MD/ID Significant Change Notification	F713	Physician for Emergency Care, Available 24 Hours
F579	Posting/Notice of Medicare/Medicaid on Admission			F714	Physician Delegation of Tasks to NPP
F580	Notify of Changes (Injury/Dedline/Room, Etc.)	483.21	Comprehensive Resident Centered Care Plan	F715	Physician Delegation to Dietitian/Therapist
F582	Medicaid/Medicare Coverage/Liability Notice	F655	Baseline Care Plan	483.35	Nursing Services
F583	Personal Privacy/Confidentiality of Records	F656	Develop/Implement Comprehensive Care Plan	F725	Sufficient Nursing Staff
F584	*Safe/Clean/Comfortable/Homelike Environment	F657	Care Plan Timing and Revision	F726	Competent Nursing Staff
F585	Grievances	F658	Services Provided Meet Professional Standards	F727	RN 8 Hrs/7 days/Wk, Full Time DON
F586	Resident Contact with External Entities	F659	Qualified Persons	F728	Facility Hiring and Use of Nurse
				F729	Nurse Aide Registry Verification, Retraining
				F730	Nurse Aide Perform Review – 12Hr/Year In- service
				F731	Waiver-Licensed Nurses 24Hr/Day and RN Coverage
				F732	Posted Nurse Staffing Information

April 2025

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Areas Impacted

- **Admission, Transfer and Discharge**
- Sufficient Staffing/PBJ
- **Chemical Restraints/Unnecessary Psychotropics**
- Professional Standards and Medical Director
- Accuracy/Coordination/ Certification
- **Comprehensive Assessment after Significant Change**
- QAPI/QAA Improvement Activities
- **Quality of Life/Care (CPR/Pain)**
- Physical Environment
- Infection Prevention and Control

Admission, Transfer and Discharge

- Admission Policy (**F620**): The facility may request and require a resident representative with legal access to the resident's funds available to pay for facility care to access and use the resident's money or other assets to pay for care, as authorized by law. The facility may request and require this representative to sign a contract, without incurring personal liability, to provide the facility with payment from the resident's income or assets. *If an individual does not actually have legal access to the resident's funds, the facility may not request or require the individual to pay the facility. In addition, any language contained in an agreement that seeks to hold a third party personally responsible for paying the facility would violate this requirement.*

714
Address Services Requested

CUSTOMER NAME: Jill
ACCOUNT NUMBER: 805297554 ID NUMBER: 021-954
AMOUNT DUE: \$1.55

STATEMENT

DATE OF SERVICE	VISIT	SERVICE PROVIDED	CHARGE
01-27	1	NIGHTLY CARE	\$1.55

FINAL NOTICE

THIS BILL IS PAST DUE. PLEASE PAY AMOUNT IN FULL. THANK YOU.

PAST DUE

IF YOU'VE SENT PAYMENT IN FULL, PLEASE ACCEPT OUR THANKS.
PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE.

Admission, Transfer and Discharge

- Transfer and Discharge (F627 Requirements and 628 Documentation): All aspects of this updated; intent, guidance, investigative procedure, deficiency categorization.

F627: Intent:

- *Ensure **policies** are developed and implemented which **allow residents to return to the facility following hospitalization or therapeutic leave.***
- *Ensure a facility does not transfer or discharge a resident in an **unsafe manner, such as a location that does not meet the resident's needs, does not provide needed support and resources, or does not meet the resident's preferences** and, therefore, should not have occurred.*
- *Ensure the **discharge planning process** addresses each resident's **discharge goals and needs**, including **caregiver support** and referrals to local contact agencies, as appropriate, and **involves the resident and if applicable, the resident representative** and the interdisciplinary team in developing the discharge plan.*

F628: Intent:

- *The intent of this tag is to ensure the facility adheres to all of the applicable components of the process for transferring or discharging a resident which include **documentation and information conveyed to the receiving provider, the notice of transfer or discharge, notice of bed-hold policy, and completing the discharge summary.***



Next Steps

- Review language in admission agreements
- Do you have a policy on residents returning to the facility?
- Review discharge planning process, are we ensuring safe and appropriate next level of care?



Sufficient Staffing/PBJ

- **F725: Nursing Services**
 - **“Licensed Nurse”** means any nurse that requires the successful completion of a National Council Licensure Examination (NCLEX-PN or NCLEX-RN). At a minimum this would include a Licensed Practical Nurse (LPN) or a Registered Nurse (RN).
 - **“Charge Nurse”** is a licensed nurse with specific responsibilities designated by the facility that may include staff supervision, emergency coordinator, physician liaison, as well as direct resident care.
 - **“Scope of Practice”** describes the services that a qualified health professional is deemed competent to perform and permitted to undertake – in keeping with the terms of their professional license.
- Team Coordinator will review PBJ data ahead of survey and identify any triggers.
- During the entrance conference, the TC must inform the facility of these infraction dates and that a citation at F725 will be issued unless evidence is provided that shows the facility had licensed nursing coverage 24hours/day on those infraction dates. Acceptable evidence is timecards, timesheets, or payroll information that clearly shows licensed nurse coverage on the dates in question. A schedule of who was supposed to work is NOT acceptable.
- **F727 Registered Nurse Coverage** requires an RN 8 consecutive hours/day, 7 days a week.
- The requirement for 8 consecutive hours of RN services can be met by any RN or multiples of RNs. The hours worked by the DON would be considered applicable towards the requirement.

Next Steps

- How are we ensuring adequate staffing?
- Is our facility assessment up to date?
- Do our care plans make sense based on our resident assessments?
- Are we submitting our PBJ data? Are we confident in our PBJ data?



Chemical Restraints/Unnecessary Psychotropics

- **F605:** Intent:
- The intent of these requirements is to ensure residents **only receive psychotropic medications when other nonpharmacological interventions are clinically contraindicated**. Also, residents must only remain on psychotropic medications when a gradual dose reduction and behavioral interventions have been attempted and/or deemed clinically contraindicated. Additionally, **medication should only be used to treat resident's medical symptoms** and not used for discipline or staff convenience, which would be deemed a chemical restraint.
- **“Chemical restraint”** refers to any drug used for discipline or that makes it more convenient (i.e., less effort) for staff to care for a resident and not required to treat medical symptoms. This includes instances when a psychotropic medication may be approved to treat certain symptoms, however, nonpharmacological interventions should be used or attempted, unless clinically contraindicated, because they are less dangerous to a resident's health and safety. In these instances, a medication would be deemed not required to treat a resident's symptoms, because a safer alternative should be used. For example, if a nonpharmacological intervention should be used or attempted and is not clinically contraindicated, but a medication is administered and has the effect consistent with the definition of convenience (defined below), the medication would be classified as a chemical restraint.

Chemical Restraints/Unnecessary Psychotropics

Convenience refers to the unnecessary administration of a medication that causes **(intentionally or unintentionally)** a change in a resident's behavior (e.g., sedation) such that the **resident is subdued and/or requires less effort from staff**. Therefore, if a medication causes symptoms consistent with sedation (e.g., excessive sleeping, drowsiness, withdrawal, decreased activity), it may take less effort to meet a resident's behavioral needs, which meets the definition of convenience.

Discipline refers to any action, such as the administration of a medication, taken by facility staff for the purpose of punishing or penalizing residents. For example:

- A resident has been wandering into other resident's rooms and staff administer a medication to restrict the resident to their room.
- Staff become upset with a resident who resists receiving a bath and pinches staff. The staff did not assess the resident's needs or implement non-pharmacological interventions to address their resistance to bathing. Instead, staff administer medication to subdue the resident prior to providing the next bath.

- Resident's Right to be Informed In accordance with the requirements at §483.10(c), residents have the right to be informed of and participate in their treatment. **Prior to initiating or increasing a psychotropic medication**, the resident, family, and/or resident representative must be informed of the benefits, risks, and alternatives for the medication, including any black box warnings for antipsychotic medications, in advance of such initiation or increase. **The resident has the right to accept or decline the initiation or increase of a psychotropic medication.** To demonstrate compliance, **the resident's medical record must include documentation that the resident or resident representative was informed in advance of the risks and benefits of the proposed care, the treatment alternatives or other options and was able to choose the option he or she preferred.** A written consent form may serve as evidence of a resident's consent to psychotropic medication, but other types of documentation are also acceptable. If a psychotropic medication has been initiated or increased, and there is not documentation demonstrating compliance with the resident's right to be informed and participate in their treatment, noncompliance with §483.10(c) exists and F552 must be cited.

Next Steps

- Resident's Right to be informed, what is our process?
- Audit all orders for psychotropics meds for appropriate diagnosis and dosage; GDR?
- Assess the reason for behaviors; what are the triggering events? Have we tried non-pharmacological interventions?



Poll Question: So far, I feel the best about:

- a) Safe discharges
- b) Staffing
- c) Chemical restraint use
- d) None of the above...I'm freaking out!

Professional Standards of Practice

- **F658:** Investigating adherence to professional standards of practice; residents diagnosed with a condition without sufficient supporting documentation for which antipsychotic medications are an approved indication.
- Mental Disorders are diagnosed by a practitioner, using evidence-based criteria and professional standards, such as the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), and are supported by documentation in the resident's medical record. Supporting documentation should include, but is not limited to, evaluation of the resident's physical, behavioral, mental, psychosocial status, and comorbid conditions, ruling out physiological effects of a substance (e.g., medication or drugs) or other medical conditions, indications of distress, changes in functional status, resident complaints, behaviors, symptoms, and/or state Preadmission Screening and Resident Review (PASARR) evaluation.
- Updated guidance and examples; diagnostic criteria for schizophrenia, schizophreniform, and schizoaffective disorder.



Next Steps

- Identify all diagnosing practitioners
- Provide training on this information including the DSM criteria
- Identify and audit current residents with a mental health diagnosis for compliance
- Ensure ongoing process to address



Medical Director's Responsibilities

- **F841:** Implementation of resident care policies, such as ensuring physicians and other practitioners adhere to facility policies on diagnosing and prescribing medications and intervening with a health care practitioner regarding medical care that is inconsistent with current professional standards of care.
- Addressing issues related to the coordination of medical care and implementation of resident care policies identified through the facility's quality assessment and assurance committee and other activities.
- Active involvement in the process of conducting the facility assessment (Refer to **F838**).
- Administrative decisions including recommending, developing and approving facility policies related to resident care. Resident care includes the resident's physical, mental and psychosocial well-being
- Discussing and intervening (as appropriate) with a health care practitioner regarding medical care that is inconsistent with current standards of care, for example, physicians assigning new psychiatric diagnoses and/or prescribing psychotropic medications without following professional standards of practice;

Next Steps

- COMMUNICATION with our Medical Directors the updates
- Importance of Medical Director's active involvement in the facility assessment



Accuracy/Coordination/ Certification

- **F641:** Intent: To assure that each resident receives an accurate assessment, reflective of the resident's status at the time of the assessment, by staff qualified to assess relevant care areas and are knowledgeable about the resident's status, needs, strengths, and areas of decline.
- Updates on MDS diagnosis coding, certification, electronic signatures, and patterns of MDS assessments and submissions.
- CMS is aware of situations where residents are given a diagnosis of schizophrenia without sufficient supporting documentation that meets the criteria in the current version of the DSM for diagnosing schizophrenia. For these situations, determine if non-compliance exists for the facility's completion of an accurate assessment. This practice may also require referrals by the facility and/or the survey team to State Medical Boards or Boards of Nursing.

Next Steps

- Assess competency for those contributing to the MDS
- Documentation of interdisciplinary team collaboration (ex. Section GG)
- Audit for accuracy, supporting documentation in the medical record during look-back period
- Audit for supporting documentation for each diagnosis; schizophrenia



Comprehensive Assessment after Significant Change

- **F637:** updated to reflect Section GG terminology.
- “Significant Change” **refers to** a major decline or improvement in a resident’s status that 1) will not normally resolve itself without intervention by staff or by implementing standard disease related clinical interventions; the decline is not considered “self-limiting” (NOTE: Self-limiting is when the condition will normally resolve itself without further intervention or by staff implementing standard clinical interventions to resolve the condition.); 2) impacts more than one area of the resident’s health status; and 3) requires interdisciplinary review and/or revision of the care plan. This does not change the facility’s requirement to immediately consult with a resident’s physician of changes as required under 42 CFR §483.10(i)(14), F580.
- Any decline in an ADL physical functioning area (at least 1) where a resident is newly coded **as partial/moderate assist, substantial/maximal assistance, dependent, resident refused, or not attempted** since last assessment and does not reflect normal fluctuations in that individual’s functioning;
- Any improvement in ADL physical functioning area (at least 1) where a resident is newly coded **as Independent, Setup or clean-up assistance, or Supervision or touching assistance** since last assessment and does not reflect normal fluctuations in that individual’s functioning;

Next Steps

- Hopefully, everyone is familiar with and using the updated levels of assistance from Section GG
- Confirm process for monitoring changes and determining need for assessments/interventions



QAPI/QAA Improvement Activities

- **F867:** Intent: These provisions are intended to ensure facilities obtain feedback, use data, and take action to conduct structured, systematic investigations and analysis of underlying causes or contributing factors of problems affecting facility-wide processes that impact quality of care, quality of life, and resident safety.
- Facilities should consider feedback related to concerns about health equity. For example, does the facility address the needs of individuals with disabilities, limited English proficiency, with different cultural or ethnic preferences, or other health equity concerns?
- **“Health equity”** refers to the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

Next Steps

- Train and ensure understanding of definition of health equity
- Identify factors affecting health equity and outcomes
- Ensure data analysis of medical errors and adverse events include factors impacting health equity; race, sexual orientation, socioeconomic status or preferred language



Quality of Life/Care-CPR

- **F678:** Intent: To ensure that each facility is able to and does provide emergency basic life support immediately when needed, including cardiopulmonary resuscitation (CPR), to any resident requiring such care prior to the arrival of emergency medical personnel in accordance with related physician's orders, such as DNRs, and the resident's advance directives.
- Staff must maintain current CPR certification for Healthcare Providers through a CPR provider whose training includes **a hands-on session either in a physical or virtual instructor-led setting in accordance with accepted national standards.** For concerns related to **CPR certification that meets accepted professional standards** the survey team should consider §483.21(b)(3)(ii), Services Provided by Qualified Persons, **F659 and/or §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. F836.**



Next Steps

- Status of CPR certification across employees
- Review current process for ensuring CPR certification, educate on updated standards
- Confirm policy is in accordance with accepted national standards, includes a “hands-on” component



Poll Question: Health Equity means:

- a) Everyone gets the exact same care plan
- b) Everyone pays the same amount
- c) Attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health
- d) None of the above

Quality of Life/Care – Pain

- **F697:** Intent: Based on the comprehensive assessment of a resident, the facility must ensure that residents receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident's choices, related to pain management.
- Updated Definitions from CDC:
- **“Acute Pain”** refers to pain that is usually sudden in onset and time-limited with a duration of less than 1 month and often is caused by injury, trauma, or medical treatments such as surgery.
- **“Chronic Pain”** refers to pain that typically lasts greater than 3 months and can be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown cause.
- **“Subacute Pain”** refers to pain that has been present for 1–3 months.
- Opioid treatment for pain needs to be appropriately assessed and individualized for each resident.
- When starting opioid therapy for acute, subacute, or chronic pain, clinicians may consider prescribing immediate-release opioids instead of extended-release and long-acting.



Next Steps

- Provide training on the updated terminology for types of pain
- Policy and procedures related to pain, use of immediate release, extended-release and long-acting opioids
- Audit any orders for opioids; individualized and appropriate use?



Physical Environment - Bathroom Facilities

- **F918** : Each resident room must be equipped with or located near toilet and bathing facilities. For facilities that receive approval of construction plans from State and local authorities or are newly certified after November 28, 2016, each residential room must have its own bathroom equipped with at least a commode and sink.
- Facilities that meet any of the above criteria also must meet the requirements in §483.90(e)(1)(i), which requires accommodation of no more than two residents per bedroom. We note that two conjoined private bedrooms (i.e., single occupancy in each room) with a shared bathroom equipped with at least a commode and a sink (i.e., “Jack & Jill bathroom”) are in compliance with §483.90(e)(1)(i) and §483.90 (f). However, if more than one resident resides in either conjoined bedroom, this would no longer be compliant with CMS regulations.

Facilities that meet any of the below criteria must meet the requirement for having in each resident bedroom its own bathroom consisting of at least a sink and commode/toilet:

- A facility that received approval for construction from the state or local authority after November 28, 2016;
- A facility that is newly certified after November 28, 2016;
- A facility that completes a change of ownership under §489.18 and the new owner does not accept assignment of the existing provider agreement resulting in a “new initial certification” for a new provider agreement that is effective after November 28, 2016; or
- A facility whose provider agreement was terminated by CMS, and a new provider is working to reenroll in the Medicare program as a newly certified facility effective after November 28, 2016.

Infection Prevention and Control

- **F880**
- Added: “**Enhanced Barrier Precautions**” (**EBP**) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities.
- Includes indications for contact vs EBP.
- Example of Immediate Jeopardy added: **The facility failed to initiate an outbreak investigation and implement preventative measures to address transmission of COVID-19 among residents in one unit of the facility. Subsequently, one or more residents in an adjoining unit became seriously ill with contracted COVID-19 resulting in hospitalization for some residents.**

Next Steps

- Assess appropriate understanding and use of Enhanced Barrier Precautions



Infection Prevention and Control

F887 COVID-19 Immunizations:

Policies and procedures must be developed to ensure residents, resident representatives and staff are all educated on the benefits and potential side effects associated with the COVID-19 vaccine and offer the vaccine.



Poll Question: Diagnoses seem to be a big focus

- a) True
- b) False

Critical Element Pathways

- Resources available to assist with evaluating compliance
- Gives preparatory guidance for the tag, if anything can be done offsite, etc.
- Observations
- Information on resident/family, staff interviews and probes
- Documentation/record review
- Decisions to assist in determining compliance

Sufficient and Competent Nurse Staffing Review

Critical Element Pathway Example

3. Does the facility ensure licensed nurse coverage 24-hours a day?

☐ Yes ☐ No F725, cite scope at a minimum of "F" ☐ N/A, the facility has a waiver for LN coverage 24-hours per day.

4. Does the facility have an RN at least 8 consecutive hours a day for 7 days a week?

☐ Yes ☐ No F727, cite scope at a minimum of "F" ☐ N/A, the facility has a waiver for the daily RN hours requirement.

PART II – COMPLETED BY ALL SURVEYORS (record negative responses at each appropriate CE below)

OBSERVATIONS:

- ☐ Are there offensive odors? If so, what is the source?
- ☐ Are residents still in bed and not dressed mid-morning or remain unkempt or unclean for extended periods of time?
- ☐ Do staff rush when providing resident care (e.g., neglecting to explain what they are doing when assisting residents)?
- ☐ Do residents receive timely assistance with care needs, such as toileting and eating?
- ☐ Are residents care activities consistent with the time of day/night and their individual personal preferences rather than at a time that is convenient for staff (e.g., bathing residents during normal hours of sleep)?
- ☐ Are call devices and alarms responded to timely? If concerns about staff responsiveness exist, monitor when the resident's call device is activated and record the response time of the staff.
- ☐ Are residents yelling out, crying, sitting around the nurse's station or in hallways without staff intervention, or wandering unsupervised and at risk or creating issues?
- ☐ Are residents subdued or sedated making it easier (i.e., convenient) for staff to care for or monitor residents, indicating the potential use of unnecessary psychotropic medications/chemical restraints?
- ☐ Are devices or practices in use that restrict freedom of movement (e.g., position change alarms or reclining chairs) making it easier for staff to care for or monitor residents, indicating the potential use of physical restraints?
- ☐ Are there delays in residents receiving their medications timely?
- ☐ When observing care or services provided by nursing staff, do they demonstrate competency according to professional standards?

Updated Critical Element Pathways

Here are the revised Critical Element Pathways effective April 28, 2025:

Sufficient and Competent Nurse Staffing Review ([CMS-20062 4/2025](#))

Respiratory Care Critical Element Pathway ([CMS-20091 4/2025](#))

Quality Assurance & Performance Improvement (QAPI) and Quality Assessment & Assurance (QAA) Review ([CMS-20058 4/2025](#))

Pain Recognition and Management Critical Element Pathway ([CMS-20076 4/2025](#))

Unnecessary Medications, Chemical Restraints/Psychotropic Medications and Medication Regimen Review Critical Element Pathway ([CMS-20082 4/2025](#))

Hospitalization Critical Element Pathway ([CMS-20123 4/2025](#))

Accidents Critical Element Pathway ([CMS-20127 4/2025](#))

Resident Assessment Critical Element Pathway ([CMS-20131 4/2025](#))

Discharge Critical Element Pathway ([CMS-20132 4/2025](#))



Destination = Compliance



Applying the Changes

- When are you due for survey?
- Review the changes in the State Operations Manual/Appendix PP, paying close attention to the **RED**, which are the additions/changes.
- Review the changes with your team
- Identify areas already addressed; EBP? COVID19 Vaccinations?
- Identify areas with which you feel confident
- Identify areas with which you feel risk
- Prioritize if necessary
- Divide and conquer; assign tasks, deadlines and accountability check points



What works?

- Provide training in small micro-sessions.
- Use the examples in the manual to demonstrate the “what if”, why it matters to get this right.
- Incorporate the interdisciplinary team, everyone needs to be aware of the expectations.
- Audit/QAPI; modify the plan if necessary.

Summary

- The journey of a thousand miles begins with a single step! - Tao Te Ching
- **START...SOMEWHERE!**
- Get comfortable with the information.
- Get the team trained up and on board.
- Train the staff in small increments.
- Inspect what you expect...validate competency and understanding through audits, etc.

Resources

- QSO-25-14-NH: <https://www.cms.gov/files/document/qso-25-14-nh.pdf>
- Surveyor Resources Zip File (bottom of page):
<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>
- CMS Framework for Health Equity site: <https://www.cms.gov/priorities/health-equity/minority-health/equity-programs/framework>
- APPENDIX PP: https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_pp_guidelines_ltc.pdf
- EBP Memo: <https://www.cms.gov/files/document/qso-24-08-nh.pdf>
- COVID19 Vaccination Memo: <https://www.cms.gov/files/document/qso-21-19-nh.pdf>
- CMS Training on Updates:
https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=0CMSLTC_AppPP_2025

CONSULTING SERVICES

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Post Acute Care:

- Regulatory requirements
- Minimum Data Set
- Reimbursement systems
- Compliance
- Billing/coding
- Medical review
- Rehab agency/group practice

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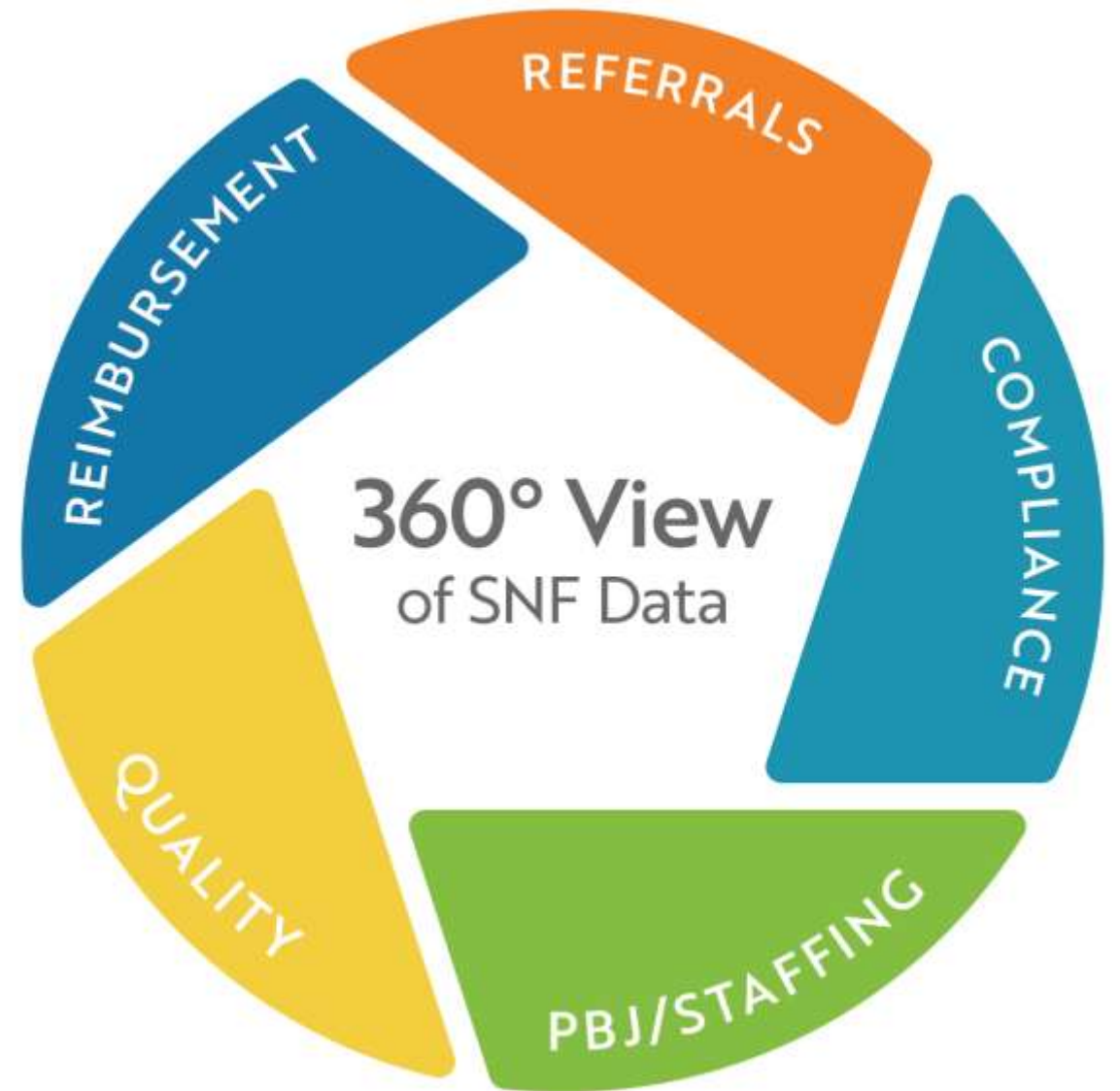
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Build census and optimize claims revenue in real time



Q&A

Navigating the New Surveyor Guidance



Thank you for joining us!

Recording and slides will be available at simple.health/blog

