

Revised Long-Term Care Guidance

CMS Revisions to Enhance Quality and Oversight of LTC Survey Process

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About This Presentation

- The Centers for Medicare & Medicaid Services released Quality and Safety Oversight (QSO) memos QSO-25-07-NH, QSO-25-12-NH and QSO-25-14-NH that revise Long-Term Care (LTC) Surveyor Guidance to enhance quality and oversight of the LTC survey process.
- Updates will be published in Appendix PP of the state operations manual in April 2025.
- Starting April 28, 2025, surveyors must begin using the guidance to determine compliance.

Areas of Revision

- Admission, Transfer, and Discharge.
- Chemical Restraints / Unnecessary Psychotropic Medications.
- Professional Standards and Medical Director.
- Nursing Services.
- Payroll Based Journal (PBJ).
- Accuracy/ Coordination/ Certification.
- Comprehensive Assessment after Significant Change.
- Quality Assurance Performance Improvement.
- Cardio – Pulmonary Resuscitation.
- Pain Management.
- Physical Environment.
- Infection Prevention and Control.
- COVID-19 Immunization.

Admission, Transfer, and Discharge

- Purpose is to reduce the overlap of citations and improve clarity.
- F622, F623, F624, F625, F626, F660 and F661 are deleted and moved into two new tags:
 - F627 - Inappropriate Transfers and Discharges.
 - F628 - Transfer and Discharge process.
- Removed the terms “facility-initiated” and “resident-initiated.”
- Clarifies when a transfer or discharge is noncompliant.

Admission, Transfer, and Discharge

Changes to F620 Admission Policy:

- Prohibits language specifically requesting or requiring a third party to personally guarantee payment to the facility.
- Language can be noncompliant even if it does not specifically reference a “guarantee” by a third party.
- Critical Element Pathways for Discharge and Hospitalization have been revised.

Noncompliant Language

- Language that holds the representative or other third-party individual personally liable for breach of an obligation in the agreement, such as (1) failing to apply for Medicaid in a timely and complete manner or (2) allowing someone other than a signatory to the agreement to spend the resident's resources that would be used to pay the nursing home.
- Language that does not specifically mention a third-party guarantee but implies the resident could be discharged if the representative does not voluntarily agree to personally pay to prevent the discharge.
- Language that holds the representative or other individual personally liable for any amounts not paid to the facility in a timely manner because the representative or other individual did not provide accurate financial information or notify the facility of changes in the resident's financial information.

Unnecessary Medications / Chemical Restraints Changes

Purpose is to help streamline the survey process, increase consistency, and strengthen the message facilities must prevent the unnecessary use of psychotropic medications.

- F757 – unnecessary medications has been revised and includes guidance for unnecessary medications excluding unnecessary psychotropic medications.
- F758 – regulation and guidance has been incorporated into F605 chemical restraints.
- The following critical elements pathways have been updated to reflect the revised guidance:
 - Unnecessary Medications.
 - Chemical Restraints / Unnecessary Psychotropic Medications.
 - Medication Regimen Review.

Chemical Restraints - Convenience Definition Revised

- Guidance regarding convenience has been revised.
- Guidance states convenience is the unnecessary administration of a medication that causes a change in a resident's behavior such that the resident is subdued and/or requires less effort from staff. 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.
- If a medication has a sedating or subduing effect on a resident and is not being administered to treat a medical symptom, the medication is acting as a chemical restraint.

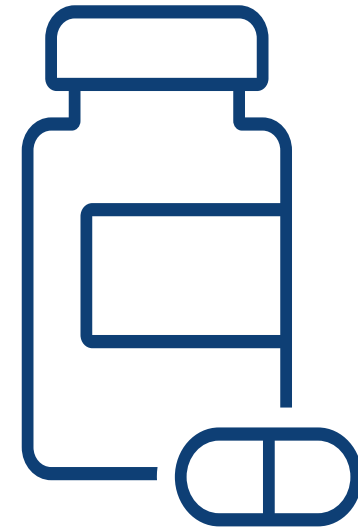
Right to be Informed of Psychotropic Medication

Additional guidance has been added to emphasize requirements related to:

- Right to be informed of and participate in or refuse treatment.
- Prior to initiating or increasing a psychotropic medication, the resident must be informed of the benefits, risks, and alternatives for the medication.
- The resident has the right to accept or decline the initiation or increase of a psychotropic medication.

Professional Standards Additions

- Guidance was added to F658 to address when concerns arise regarding residents diagnosed with a condition without sufficient supporting documentation for which antipsychotic medications are an approved indication.



Medical Director (F841) Revisions

- Revisions were made to address the role of the medical director in the implementation of policies on diagnosing and prescribing medications.
- The medical director is responsible for intervening when medical care is inconsistent with current accepted standards of care.
- Pathways updated to incorporate changes include:
 - Unnecessary Medications.
 - Quality Assurance and Performance Improvement.

Accuracy/Coordination/Certification (F641)

- Guidance was added to Accuracy of Assessment (F641) to address when there is insufficient documentation to support a medical condition for a resident receiving an anti-psychotic medication.
- The regulatory references and guidance under Coordination/ Certification of Assessment (F642) are moved to Accuracy of Assessment (F641).
- F642 has been deleted.

Sufficient Nursing Services (F725)

PBJ Staffing Data identifies if the facility:

- Did not have licensed nursing coverage 24 hours a day.
- Had excessively low weekend staffing.
- Has a one-star staffing rating.
- Reported no RN hours or failed to submit PBJ data.

If the facility is unable to provide acceptable evidence to show they have licensed nursing coverage 24-hours/day, F725 will be cited at a minimum scope and severity of “F”.

- The scope and severity may be increased based on further investigations.



RN Hours and Full Time Director of Nursing

- A definition for scope of practice has been added.
- If the facility did not have Registered Nurse (RN) on duty at least eight consecutive hours a day and/or noncompliance with the Director of Nursing (DON) requirements is identified, then F725 will be cited at a minimum scope and severity of F.
- Eight hours per day seven days per week requirement can be met by any RN or multiple RNs including hours worked by the DON.
- New probes and interview questions to investigate the RN hours and DON requirements have been added.

Payroll Based Journal (F851)

- Changes in F851 investigative procedures and key elements of non-compliance.
- If facility failed to submit the required PBJ staffing data, then F851 will be cited at a scope and severity of F.



Comprehensive Assessment After Significant Change

The levels of assistance a resident receives for self-care and mobility activities were updated to align with Section GG of the Minimum Data Set.



Medical Record Documentation Guidance in F605, F641, and F658

Guidance related to citing noncompliance when a concern related to documentation to support a diagnosed mental disorder, has been revised and expanded for:

- F605 Chemical Restraints/Unnecessary Psychotropic Medications.
- F641 Accuracy/Coordination/Certification.
- F658 Services Provided Meet Professional Standards.

Quality Assurance Performance Improvement

- New guidance was added incorporating health equity when obtaining feedback, collecting and monitoring data related to outcomes of sub-populations, and analyzing factors known to affect health equity, such as race, socioeconomic status, or language when investigating medical errors and adverse events.
- Facilities should consider factors that affect health equity and outcomes of their resident population when establishing priorities in their QAPI programs.

Cardio- Pulmonary Resuscitation (CPR)

Updates were made to CPR certification to align with current nationally accepted standards.



Pain Management (F697)

- Revisions were made to the guidance for acute, chronic, and subacute pain.
- 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.
- Refer to F552 for concerns related to informing the resident or resident representative of the risks of opioid use for pain.

Pain Management (F697) New Definitions

The following definitions were added to guidance at F697:

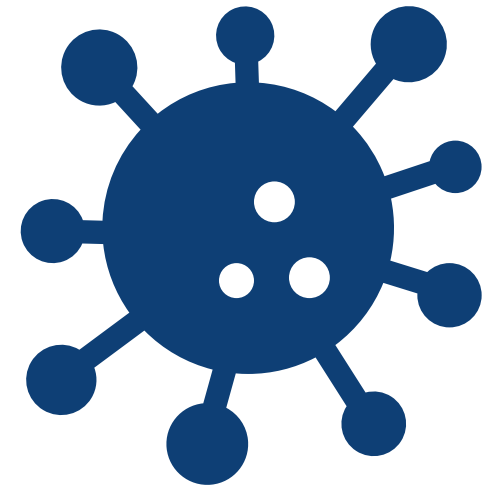
- Acute pain refers to pain that is usually sudden in onset and time-limited with a duration of less than 1 month and often is caused by injury, trauma, or medical treatments such as surgery.
- Chronic pain refers to pain that typically lasts greater than 3 months and can be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown cause.
- Subacute pain refers to pain that has been present for 1–3 months.

Physical Environment

Revisions were made to allow facilities that receive approval of construction from state or local authorities or are newly certified after Nov. 28, 2016, with two single occupancy rooms with one bathroom to meet the bedroom and bathroom facility requirements without undergoing major rehabilitation.

Infection Prevention and Control

Infection control guidance regarding Enhanced Barrier Precautions in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) released in CMS Memo QSO-24-08-NH on March 20, 2024, was incorporated into Appendix PP along with new deficiency examples.



COVID- 19 Immunizations

Guidance was added to Appendix PP related to requirements for facilities to educate residents or representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine and offering the vaccine.

Updated Critical Element Pathways

- Accidents Critical Element Pathway.
- Discharge Critical Element Pathway.
- Hospitalization Critical Element Pathway.
- Pain Recognition and Management Critical Element Pathway.
- Quality Assurance and Performance Improvement and Quality Assessment and Assurance Review.
- Respiratory Care Critical Element Pathway.
- Resident Assessment Critical Element Pathway.
- Sufficient and Competent Nurse Staffing Critical Element Pathway.
- Unnecessary Medications, Chemical Restraints/Psychotropic Medications, and Medication Regimen Review Critical Pathway.

Highlights to Critical Element Pathway for Accidents

Review the following areas:

- Observations, interviews, and record review for residents with substance use disorder.
- Storing and charging of cigarettes and e-cigarettes.
- Willful resident-to-resident altercations should be investigated as abuse.
- Hazards, unsafe water temperatures, assistive devices, and equipment.
- Record review on residents being educated on safety risk factors and on bed rails.
- Record review of maintenance on bed frames, rails, and mattresses.

Highlights for Hospitalization Critical Element Pathway

Review the following areas:

- Offsite preparation including past complaints, survey history and ombudsman input regarding hospitalization and discharge.
- Staff and resident interviews including why hospitalization was not avoided, how identification of residents at risk is completed and what is implemented to prevent hospitalization.
- Record review including proper notifications, preparations for transfer, and onset of new symptoms.
- Review for required admission, transfer and discharge rights (483.15(c)(2)(iii)) being conveyed to the hospital.

Highlights to Critical Element Pathway for Pain Recognition and Management

Review the following areas:

- Staff observations of response to pain, effectiveness of interventions and making changes.
- Resident interviews related to unrelieved pain, staff's response and care plan interventions.
- Staff interviews related to care plan implementation and interventions for acute, subacute, and chronic pain.
- Record review related to monitoring for consequences and rationale for pain management.

Critical Element Pathway Highlights for Quality Assurance and Performance Improvement (QAPI) and Quality Assessment (QA) and Assurance Review

Review QAPI and QA committee policy and procedures for:

- How corrective actions are developed.
- Use of systemic approaches to assist in determining causes of problems.
- Identification, collection, analyzation, and monitoring of data.
- How feedback is obtained and used from residents and staff to identify issues and improvement opportunities.
- How the effectiveness of improvements are monitored.
- How data is used to prioritize activities and correct identified deficiencies.

Critical Element Pathway Highlights for Quality Assurance and Performance Improvement and Quality Assessment and Assurance Review

Review the following areas:

- Interview with the Medical Director about awareness of systems level areas of non-compliance and attendance of QA committee meetings.
- Determine if the facility identified any systemic issues prior to the survey.
- Medical Director's role in implementing policies.

Review of Critical Element Pathways

The following critical element pathways require a thorough review:

- Discharges.
- Sufficient and Competent Nurse Staffing Review.
- Un-necessary Medications, Chemical Restraints/ Psychotropic Medications and Medication Regimen Review Critical Element Pathway.
- Respiratory Care Critical Element Pathway.

The Resident Assessment Critical Element Pathway has minimal changes.

Resources

- State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities.
- Quality Safety and Education Portal (QSEP).
- Center for Medicare and Medicaid Services QSO-25-07-NH.
- Center for Medicare and Medicaid Services QSO-25-12-NH.
- Center for Medicare and Medicaid Services QSO-25-14-NH.



QUESTIONS?

[ODH.OHIO.GOV/PRP](https://odh.ohio.gov/PRP)

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