Guidance Updates

For CMS Nursing Home Requirements: A Focus on Residents

MISSOURI ASSOCIATION OF NURSING HOME ADMINISTRATORS
2025 ANNUAL CONVENTION
INNOVATE, NETWORK AND SUCCEED WITH MANHA

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Guidance Updates

- 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

EFFECTIVE DATE APRIL 28, 2025

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CEP Pathways

- 20058-Quality Assurance & Performance Improvement (QAPI) and Quality Assessment & Assurance (QAA) Review
- 20062-Sufficient and Competent Nurse Staffing Review**
- 20076-Pain Recognition and Management Critical Element Pathway
- 20081-Respiratory Care Critical Element Pathway
- 20082-Unnecessary Medications, Chemical Restraints/Psychotropic Medications, and Medication Regimen Review Critical Element Pathway**
- 20123-Hospitalization Critical Element Pathway
- 20127-Accidents Critical Element Pathway*
- 20131-Resident Assessment Critical Element Pathway
- 20132-Discharge Critical Element Pathway*

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Admissions Policy F620

ADMISSION AGREEMENT PRACTICES THAT TRIGGER NONCOMPLIANCE

- Holds a **third party personally liable** for payment, even without using the word "guarantee"
- Assigns **joint financial responsibility** to both resident and representative
- Imposes **liability for procedural issues**, such as delays in Medicaid application
- Implies **threat of discharge** unless a representative personally pays
- Penalizes representatives for **financial reporting errors or omissions**

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Admission, Transfer and Discharge

Current F-tags related to admission, transfer, and discharge

- F622- Transfer and Discharge
- F623- Notice before transfer
- F624- Orientation for transfer or discharge
- F625- Notice of bed-hold policy and return
- F626- Permitting residents to return to facility
- F660- Discharge Planning Process
- F661- Discharge Summary

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F627 Inappropriate Discharges

New F-tags

- F627- Inappropriate Transfers and Discha
- F628- Transfer and Discharge Process

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F627 Inappropriate Discharges

Intent

o Ensure policies are developed and implemented which allow residents to return to the facility following hospitalization or therapeutic leave

o 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.

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F627 Inappropriate Discharges

Example

Discharge based on an inability to meet the resident's needs, but there is no evidence of facility attempts to meet the resident's needs, or no evidence of an assessment at the time of discharge indicating what needs cannot be met;

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F627 Inappropriate Discharges

Example

Discharge based on improvement of resident's health such that the services provided by the facility are no longer needed, but documentation shows the resident's health did not improve or actually declined;

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F627 Inappropriate Discharges

Example

Discharge based on the endangerment of the safety or health of individuals in the facility, but there is no documentation in the resident's medical record that supports this discharge;

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F627 Inappropriate Discharges

Example

Discharge based on failure to pay, however there is no evidence that the facility offered the resident to pay privately or apply for Medical Assistance or that the resident refused to pay or have paid under Medicare or Medicaid;

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F627 Inappropriate Discharges

Discharge occurs even though the resident appealed the discharge, the appeal is pending, and there is no documentation to support that failure to discharge would endanger the health and safety of individuals in the facility.

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F627 Inappropriate Discharges

Example

When evidence in the medical record shows a resident was not permitted to return following hospitalization or therapeutic leave, and there is no valid basis for discharge

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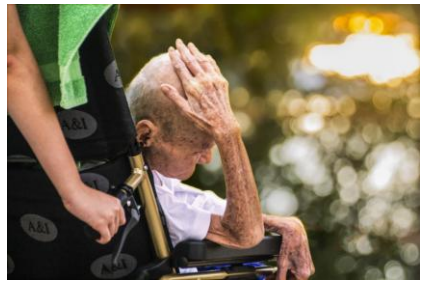
F627 Inappropriate Discharges

Example

There is no evidence that the facility considered the care giver's availability, capacity, and/or capability to perform needed care to the resident following discharge.



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F627 Inappropriate Discharges

Example

The post-discharge plan of care did not address resident limitations in ability to care for themself

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F627 Inappropriate Discharges

As appropriate, facilities should follow their policies, or state law as related to discharges which are Against Medical Advice (AMA).

Note: These situations only apply when a resident expresses their wishes to be discharged earlier than outlined in the care plan. These situations do not apply if a facility offers to discharge a resident to a location which does not meet their health and/or safety needs, and the resident agrees (this would constitute noncompliance).

AMA

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F627 Inappropriate Discharges

NOTE: For citations at any level of scope and severity, if the discharged resident's health and/or safety is threatened in the setting they are currently located, the facility's plan of correction should state that the facility will either,

1) Re-admit the resident until a safe and compliant discharge can be done, or

2) Coordinate a transfer of the resident to another setting where they will be safe.

The facility should not be determined in substantial compliance until one of these two items is complete (and all other noncompliance has been corrected). If the resident's needs are being met in their current location, the plan of correction should include specifics on how the facility will prevent inappropriate noncompliant discharges in the future.

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F628 Transfer and Discharge Process

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

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Admission Transfer and Discharge

• **Examples of noncompliant language include, but are not limited to:**

o Language that holds both (1) the resident and (2) the representative or other individual jointly responsible for any sums due to the facility (however, language that holds the resident solely responsible without joining the representative is allowable).

o 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.

o Language that does not specifically mention a third-party guarantee but that implies the resident could be discharged if the representative does not voluntarily agree to personally pay to prevent the discharge.

o 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

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Admission Transfer and Discharge

Key takeaways:

• Admission Agreements (F620)-New guidance was added clarifying prohibition of language in the admission agreements that specifically requests or requires a 3rd party to personally guarantee payment to a facility.

o Includes examples of admission agreement language that would not be compliant.

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Admission Transfer and Discharge

Key takeaways- continued:

• CMS removed the terms "facility-initiated" and "resident-initiated".

o This change was to make it clear that facilities should ensure a safe discharge, regardless of who initiates the discharge.

• During the off-site preparation for surveys, surveyors are directed to reach out to the local Ombudsman to determine if there have been recent complaints, regarding improper discharges.

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CMS-20132-Discharge CEP

• The entire pathway was adapted to reflect the streamline of all Admission, Transfer, and Discharge F-tags into the two new F-tags.

• Focus on the "understanding of the reasons for the transfer/discharge".

• Focus on expression of or potential experience with any "physical or psychosocial harm or serious injury from the discharge"

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CMS-20132-Discharge CEP

Old CEP

- Was the resident (or his or her representative) involved in discharge planning prior to the discharge?
- How did you determine your capability to care for the resident prior to the resident's admission?
- Has the facility attempted interventions to meet the resident's needs?
- Is there evidence the facility asked the resident about their interest in receiving information regarding returning to the community? If referrals were made to the local contact agency, Did the facility update the discharge plan in response to information received?
- Were discharge care planning needs updated as needed with the level of care the resident required at the time of discharge?

New CEP

- How was the resident involved in discharge planning?
- What change occurred that resulted in the facility no longer having the capability to meet the resident's needs?
- What interventions has the facility attempted to meet the resident's needs? Were attempts reasonably sufficient to meet the resident's needs?
- Did the resident indicate an interest in returning to the community? If so, what referrals were made to the local contact agency?
- What do you do if a resident's needs change during the d/c planning process? Tip: The surveyor should be able to determine if the facility will change the discharge plan based on the resident's needs?

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CMS-20132-Discharge CEP

New Questions: Discharge from hospitalization or therapeutic leave:

- What is the reason the resident is/was not allowed to return from the hospitalization or therapeutic leave? (If the reason given is an inability for the facility to meet the resident's needs, use the probes in that section above).
- Was there an assessment of the resident that led to this determination? If so, when did the resident assessment occur which determined the resident would be discharged?
- Did the resident who was transferred for hospitalization or therapeutic leave receive notice of the bed-hold? Did it specify the duration of the bed-hold?
- Note: There was focus on therapeutic leave in prior CEP, not hospitalization.

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Action Items for F627 and F628

❑Educate staff to document that facility staff has assessed the resident's ability to care for themselves at home, and if they cannot, that there is a caregiver in place that can care for them safely.

❑Ensure policies and procedures are in place that allow residents to return to the facility following hospitalization and therapeutic leave.

❑Update all transfer/discharge policies to remove the terms "facility-initiated" and "resident-initiated" when describing discharges.

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Action Items for F627 and F628

❑Review the against medical advice (AMA) policy to ensure it aligns with current guidance and ensure facility staff are trained on what AMA means.

❑Update Admission Agreements to ensure they do not contain language in that specifically request or requires a 3rd party to personally guarantee payment to a facility.

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Chemical Restraints/Unnecessary Psychotropic Medication

- CMS moved the regulation, guidance, and surveyor procedures from F758 (Unnecessary Use of Psychotropics) to F605 (Chemical Restraint).
- CMS notes the purpose of this move is to streamline the survey process, increase consistency, and strengthen their message that facilities must prevent the unnecessary use of psychotropic medications.
- F757 has been revised and reorganized to include guidance for unnecessary medications, excluding unnecessary psychotropic medications.

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F605 Unnecessary Use of Psychotropics

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.

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F605 Unnecessary Use of Psychotropics

Definition of Convenience:

• Unnecessary medication administration that is not required to treat a resident's medical symptoms, and which causes symptoms consistent with sedation such as:

o Excessive sleeping, Drowsiness, Withdrawal, Decreased Activity

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F605 Unnecessary Use of Psychotropics

Definition of discipline:

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

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F605 Unnecessary Use of Psychotropics

Diagnoses alone do not necessarily warrant the use of a psychotropic medication. Psychotropic medications may be indicated if:

- behavioral symptoms present a danger to the resident or others;
- expressions or indications of distress that are significant distress to the resident;
- if not clinically contraindicated, multiple non-pharmacological approaches have been attempted, but did not relieve the medical symptoms which are presenting a danger or significant distress; and/or
- GDR was attempted, but clinical symptoms returned

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F605 Unnecessary Use of Psychotropics

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.

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F605 Unnecessary Use of Psychotropics

Action Items:

❑When prescribing a new psychotropic medication, or increasing the dose, facilities must address, in the medical record the non- pharmacological approaches used before prescribing the med (unless contraindicated).

❑The facility must also document the assessment of relative benefits and risks and the preferences and goals for treatment.

❑If residents are admitted with a psychotropic medication, without a clearly documented indication, the prescribing practitioner and the IDT should determine if continuing the medication is justified by conducting a comprehensive medical and psychiatric evaluation.

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F605 Unnecessary Use of Psychotropics

Action Items:

❑If psychotropic medications were switched from one type to another, the medical record should show a rationale for the change in the medication regimen.

❑Mental Disorders should be diagnosed, using evidence-based criteria, such as the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), and documented in the resident's medical record.

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F605 Unnecessary Use of Psychotropics

Action Items:

❑ Before 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.

• Documentation should be stored in the resident's medical record.

• Materials for resident/family education may be available on the manufacturer's websites, or you may collaborate with your consultant pharmacist for materials.

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F757 Comprehensive Medication Assessment and Unnecessary Drugs

✅ **Assess before prescribing:**

- Evaluate physical, mental, behavioral, psychosocial needs
- Rule out underlying conditions (e.g., pain, infection, polypharmacy)

🔍 **Reassess when:**

- Resident is newly admitted/re-admitted
- Condition changes
- New/emergency meds are ordered
- Pharmacist flags an irregularity

📄 Documentation Must Include:

- Rationale for medication
- Resident's informed consent
- Monitoring for effectiveness & adverse effects

⚠️ Avoid:

- Excessive dose/duration
- Duplicate therapy
- Prescribing without clear indication
- Ignoring polypharmacy risks

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CMS-20082-Unnecessary Medications, Chemical Restraints/Psychotropic Medications, and Medication Regimen Review CEP

• Renamed and updated to reflect the guidance revisions.

o Observations and interview questions are targeted to specific F-tags (i.e., are more F-tag-specific to F757 and F605).

o Simplified and focused on the regulatory compliance vs. clinical practice.

o Stresses the importance of systems, care planning and comprehensive documentation for medication management, especially psychotropic medications.

- Indication for use,
- Behaviors,
- Non-pharmacological interventions,
- MRR,
- GDR,
- Informed consent

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F637-Comprehensive Assessment After Significant Change

Language updated to reflect the levels of assistance a resident receives for self-care and mobility activities to align with Section GG of the MDS

Added language to examples of improvement

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F641-Accuracy/coordination/certification

- F642 moved to F641(F642 has been deleted)
- One or two assessments with inaccurate MDS diagnosis coding should be cited as isolated. If the surveyor identifies a pattern (i.e., three or more) of inaccurate coding for any new diagnosis (such as schizophrenia) with no supporting documentation by a physician, the surveyor should cite the scope of the non-compliance at a minimum of pattern or widespread as appropriate, ***make a referral to the State Board of Nursing,*** and see the guidance below in Investigative Procedures for making a referral to the Office of the Inspector General.
  - If the surveyor identifies a pattern (i.e., three or more residents) of inaccurate MDS coding ***by staff*** who completed, signed, and certified to the accuracy of the portion of the assessment they completed, and there are indications or concerns that the individual who completed the section(s) in question knew the coding was inaccurate, a referral should be made to the Office of Inspector General for investigation of falsification per §483.20(j).

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CMS-20131-Resident Assessment CEP

- Under Critical Element Decisions, simplified question #1:Does the resident assessment accurately reflect the resident's status (e.g., comprehensive, quarterly, significant change in status)?
  - If No, cite F641
  - NA, assessments accurately reflected the resident's status.
- Removed all references to F642 and replaced with F641.

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F658 and F841: Professional Standards and Medical Director

Accurate documentation supporting medical diagnoses.

Proper administration of treatments and medications.

Compliance with accepted clinical practices.

Diagnostic Criteria

Updated deficiency categorization

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F658-Professional Standards of Quality

- Examples of insufficient documentation to support a [current] mental health diagnosis would include:
  - A situation where schizophrenia or another diagnosis is only mentioned as an indication in medication orders without supporting documentation.
  - The addition of, or request by the facility to a practitioner for, a diagnosis of schizophrenia or another diagnosis without documentation supporting the diagnosis.
  - A practitioner's note or transfer summary from a previous provider stating "history of schizophrenia," "schizophrenia," or another diagnosis without supporting documentation confirming the diagnosis with a previous practitioner or family, and the facility failed to provide evidence that a practitioner conducted a comprehensive evaluation after admission.
  - A diagnosis list stating schizophrenia or another diagnosis without supporting documentation.
  - A note of schizophrenia or another diagnosis in an electronic health record (EHR) without supporting documentation which populates throughout the EHR.
  - A note of schizophrenia or another diagnosis in the medical record by a nurse without supporting documentation by the practitioner.

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F658-PROFESSIONAL STANDARDS OF QUALITY

- Insufficient documentation for a ***new*** mental health diagnosis means that the resident's medical record does not contain the following:
  - Documentation (e.g., nurses' notes) indicating the resident has had symptoms, disturbances, or behaviors consistent with those listed in the DSM criteria, **and** for the period of time in accordance with the DSM criteria.
  - Documentation from the diagnosing practitioner indicating that the diagnosis was given based on a comprehensive assessment, such as notes from a practitioner's visit.
  - Documentation from the diagnosing practitioner indicating that the symptoms, disturbances, or behaviors are not attributable to (i.e., ruled out) the effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., UTI or high ammonia levels).
  - Documentation regarding the effect the disturbance is having on the resident's function, such as interpersonal relationships, or self-care, in comparison to their level of function prior to the onset of disturbance.

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F658 AND F841: PROFESSIONAL STANDARDS AND MEDICAL DIRECTOR

"Surveyors should investigate this concern through record review and interviews with the practitioner(s), facility medical director, and other appropriate nursing home staff, as well as consult with the state agency medical director as needed. ***Surveyors are not questioning the practitioner's medical judgement, but rather, they are evaluating whether the medical record contains supporting documentation for the diagnosis to verify the accuracy of the resident assessment."***

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F841-Medical Director

- **Updated guidance for F841 includes the following:**
  - **Oversees Implementation of Care Policies**
    - Ensures all practitioners follow facility standards for diagnosing, prescribing, and delivering care aligned with professional standards. Also, that the medical director intervene when care is inconsistent with current accepted standards of care.
  - **Responsible to Implement Care Policies**
    - Administrative decisions including recommendations, approval, and development of resident care policies. This includes intervening when standards of practice are not followed when prescribing psychotropic medications.
  - **Improves Care Coordination**
    - Addresses care delivery concerns identified through QAA efforts and other internal reviews.
  - **Supports Facility Assessment**
    - Plays an active role in evaluating the facility's capabilities, services, and staffing needs.

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Action Items for F658
Services Provided Meet Professional Standards

Review and Update Clinical Documentation Practices

Ensure nursing and practitioner notes support all diagnoses with clear, timely, and comprehensive documentation.

Include assessments of physical, mental, and psychosocial status where applicable.

Train Staff on Current Professional Standards

Educate staff on what constitutes evidence-based practices for care delivery.

Reinforce correct documentation protocols, especially around mental health and new diagnoses.

Conduct Internal Audits of Resident Records

Check for consistent alignment between diagnoses, supporting documentation, and care plans.

Identify and correct gaps in documentation or inconsistencies with professional standards.

Integrate QAPI Feedback

Use findings from Quality Assurance and Performance Improvement (QAPI) processes to improve compliance with F658.

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Action Items for F841 Medical Director Responsibilities

Clarify the Role of the Medical Director

- Ensure the medical director understands and agrees to their responsibilities under revised F841, including oversight of resident care policies and participation in QAA.

Formalize Participation in QAA Committee

- Assign the medical director to the QAA committee or designate a qualified representative.
- Schedule regular attendance and ensure documentation of participation.

Improve Oversight of Medical Practices

- Set up a process for the medical director to monitor and intervene when practitioners do not follow facility or professional care standards (e.g., inappropriate prescribing or diagnoses).

Include the Medical Director in Facility Assessment

- Involve the medical director in the facility assessment (F838) to evaluate clinical capabilities, staffing, and services.

Document Coordination Activities

- Maintain records of how the medical director addresses care coordination issues identified through QAA or other monitoring.

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F678-CPR

Updated to align with national standards

– 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.*

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TIPS: F678-CPR

Conduct Regular CPR Drills on All Shifts

- Plan semi-annual CPR drills to assess emergency response preparedness across day, evening, and night shifts.
- While drills should be organized by leadership, they should be unannounced to simulate real-life urgency.
- Each drill should include:
  - Identifying and confirming the resident's code status.
  - Demonstrating basic life support procedures, including calling EMS, performing CPR, using the nearest AED, and coordinating the handover to emergency services.
  - A post-drill debrief with participating staff to:
    - Review how the drill was handled.
    - Evaluate the team's response effectiveness.
    - Reinforce relevant facility policies and identify improvement opportunities.

Verify CPR Certification for All Staff Routinely

- Establish a routine schedule—such as quarterly audits—to verify that all relevant staff maintain valid CPR certification.
- Certifications must:
  - Be specifically for Healthcare Providers.
  - Be issued by a recognized CPR provider.
  - Include a hands-on component, either in-person or in a virtual instructor-led format that aligns with nationally accepted standards.

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F697 Pain Management

Added definitions:

"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. (From the Centers for Disease Control and Prevention (CDC)).

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F697 Pain Management

Definitions:

"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. (From the CDC).

"Subacute Pain" refers to pain that has been present for 1–3 months. (From the CDC).

F697 Pain Management

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.

CEP 20076 Pain

Does the resident exhibit signs or symptoms of pain, verbalize the presence of pain, or request interventions for pain? If yes, does staff respond promptly and implement interventions?

Does staff monitor and evaluate the effectiveness of the interventions and make changes if they are not effective?

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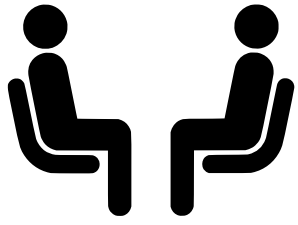
CEP 20076 Pain

Resident, Resident Representative, or Family Interview:

Have you had any unrelieved pain or discomfort recently? If yes, did the facility address the unrelieved pain?

Do the care plan interventions reflect your goals and preferences?



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CEP 20076 Pain

Nurse, DON, Hospice Nurse, Attending Practitioner, Pharmacist, Medical Director Interviews:

How is the resident's pain assessed? How do you implement the pain management care plan?

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F725 and F727 Guidance

Guidance for investigations using the Payroll Based Journal Staffing Data Report has been added.

Instructions specific to staff interviews, observations, key elements of noncompliance, and deficiency categorization are also added to the guidance.

Instructions to surveyors based on whether or not the report identified concerns were added to the guidance.

Investigative probes for the Director of Nursing requirements and deficiency categorization examples, as well as investigative procedures for evaluating compliance with the submission of direct care staffing information and payroll using the Payroll Based Journal Staffing Data Report were added to the guidance.

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F725-New Definitions

"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). Licenses and titles are defined and protected by the Nurse Practice Act (NPA) for usage in the public. They are privileged and granted by the Board of Nursing (BON) after meeting the requirements of graduating from accredited nursing educational programs, passing professional board examinations, background checks, and paying applicable fees.*

"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. (same definition from F727)*

"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.*

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F725-Sufficient Staffing

"What's in the Revised Guidance

Portions of the revised guidance to surveyors reflect some of the other regulatory requirements, such as:

- Facility must provide licensed nursing staff 24/7, along with other nursing staff
- Facility must designate a licensed nurse to serve as a charge nurse for each shift

The new guidance also states that there are several areas that can offer insight into potential insufficient staffing, which surveyors are expected to discuss and investigate. These areas, not surprisingly, include:

- Falls
- Weight loss
- Dehydration
- Pressure ulcers
- Elopement
- Resident altercations"

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(Elizaitis, 2025)

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F727- RN Staffing Requirements

One or more RNs must be on duty 8 consecutive hours, 7 days a week.
Requirement supports timely assessment, care planning, and clinical oversight.
Surveyors will routinely review PBJ data before surveys.
Inconsistencies in reported RN hours may trigger focused investigation.
Identify facilities failing to meet daily RN presence requirements.
Observations of care and staff behavior.
Interviews with Direct care staff and RN(s) and Director of Nursing (DON)
Review of assignment sheets, staffing schedules, and timecards/payroll records

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Using PBJ Staffing Data to Identify F727 Noncompliance

- PBJ Data is reviewed during offsite prep for all standard surveys.
- Surveyors use the PBJ Staffing Data Report to check:
  - RN on-site for 8 consecutive hours/day (F727)
  - 24/7 licensed nurse coverage (F725)
  - Weekend staffing and 1-star Staffing Ratings (F725)
  - Quarterly PBJ submission failures (F851)
- If no RN hours are reported:
  - The facility must provide acceptable proof (e.g., timecards, payroll records).
  - Schedules alone are not acceptable.
- If no acceptable proof is provided, F727 is cited at minimum severity "F."
- Scope & severity may be increased if harm or risk is identified.

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CMS 20062 Sufficient and Competent Nursing Staffing

Content:

- Supports investigation into **F725 & F727** noncompliance.
- Used when:
  - PBJ data indicates staffing concerns
  - Complaints or observations suggest insufficient staff
- Helps surveyors determine:
  - If nursing staff were **adequate in number and skill**
  - Whether an **RN was on-site 8 consecutive hours daily**

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CMS 20062 What's New in the Pathway?

Content:

- Directs surveyors to:
  - Review **PBJ data** and verify accuracy with timecards/payroll
  - Interview DON, RNs, and staff on **roles, training, and coverage**
  - Observe care delivery and staff responsiveness
- Includes probes on:
  - **Full-time DON designation**
  - **Charge nurse assignments**
  - **Impact of staffing on resident care**
- Aligns severity decisions with **scope of harm**

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Added Emphasis on the Payroll-Based Journal (PBJ)

Content:

- Surveyors will utilize PBJ data during recertification surveys to assess:
  - Compliance with 24/7 licensed nurse coverage.
  - Weekend staffing levels.
  - Staffing ratings.

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F725 & F727 Action Items

Review your facility's PBJ reports (recommended monthly/quarterly at minimum prior to submission deadline)

- 1702S Staffing Summary Report summarizes staffing information by Job Title for a specific period of time.
- 1703D Job Title Report details by work date the staffing hours submitted for select job title(s) during a specified period.

Review your facility's PBJ 1705 Staffing Data Report after the submission deadline. This is the same report accessible by surveyors.

- Reported no RN hours.
- Failed to have Licensed Nursing Coverage 24-hours/day.
- Reported excessively low weekend staffing.
- Failed to submit PBJ data for the quarter.

Review and consider utilizing the updated CEP in your facility assessment.

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F851 Payroll Based Journal

- **INVESTIGATIVE PROCEDURES**
- When completing the offsite preparation for all recertification surveys, the team coordinator must obtain the most recent quarter data from the PBJ Staffing Data Report and evaluate PBJ data submitted by the facility. This report can be found by accessing the Certification And Survey Provider Enhanced Reports (CASPER). The report does allow for previous quarters of submitted data to be obtained. This may be beneficial for the investigation of complaints or Facility Report Incidents (FRI). See the LTCSP Procedure Guide for details.

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PBJ Data Review – Know Your Reports

1750D PBJ Staffing Data Report

📌 Flags:

- Failure to submit data for the quarter
- Excessively low weekend staffing
- One-star staffing rating
- No RN hours reported
- No 24-hour licensed nursing coverage

🛠️ Use to catch risks tied to:

- F851 (PBJ submission compliance)
- F725 (sufficient staffing)
- F727 (RN coverage)

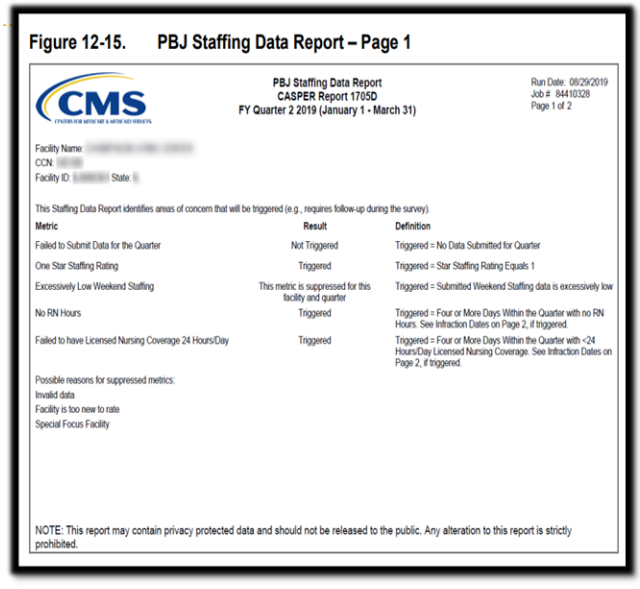

Figure 12-15. PBJ Staffing Data Report – Page 1

CMS

PBJ Staffing Data Report
CASPER Report 1705D
FY Quarter 2 2019 (January 1 - March 31)

Run Date: 08/29/2019
Job # 8441032B
Page 1 of 2

Facility Name:
CCN:
Facility ID: State:

This Staffing Data Report identifies areas of concern that will be triggered (e.g., requires follow-up during the survey).

Metric	Result	Definition
Failed to Submit Data for the Quarter	Not Triggered	Triggered = No Data Submitted for Quarter
One Star Staffing Rating	Triggered	Triggered = Star Staffing Rating Equals 1
Excessively Low Weekend Staffing	This metric is suppressed for this facility and quarter	Triggered = Submitted Weekend Staffing data is excessively low
No RN Hours	Triggered	Triggered = Four or More Days Within the Quarter with no RN Hours. See Infraction Dates on Page 2, if triggered.
Failed to have Licensed Nursing Coverage 24 Hours/Day	Triggered	Triggered = Four or More Days Within the Quarter with <24 Hours/Day Licensed Nursing Coverage. See Infraction Dates on Page 2, if triggered.

Possible reasons for suppressed metrics:
Invalid data
Facility is too new to rate
Special Focus Facility

NOTE: This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

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F851: PBJ Compliance

- 🔍 **Review 1702S Staffing Summary Report**
  - Helps identify days with **zero hours** reported by job title.
- 📊 **Review 1703D Job Title Report**
  - Pinpoints days with **missing RN or LPN coverage**.
- 📝 **Audit internal policies**
  - Ensure procedures are in place for **timely and accurate** hour submissions.

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F867 QAPI

"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. From the CMS Framework for Health Equity, April 2022,

https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/cms-framework-for-health-equity

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F867 QAPI

Feedback

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? Additional information on addressing health equity can be found at the CMS Framework for Health Equity site, https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/cms-framework-for-health-equity

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F867 QAPI

Data collection systems and monitoring:

Facilities should also collect and monitor data related to the outcomes of sub-populations to address any health equity issues. For example, there could be higher risk or problem-prone issues related to certain sub-populations (e.g., race, sexual orientation, socioeconomic status, or preferred language) within the facility.

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F880/F887

- F880
  - Enhanced Barrier Precautions
  - CMS added guidance from QSO-24-08-NH which was effective April 1, 2024
- F887
  - Added to Appendix PP as outlined in QSO-21-19-NH
  - Deficiency categorization examples added relating to the spread of COVID-19
- CMS 20054 Infection Prevention Control and Immunizations
  - No changes to this pathway. Previous changes were effective April 1, 2024, as outlined in QSO-24-08-NH

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Action Items F880

Review CDC EBP resources:	Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes | LTCFs | CDC Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) | LTCFs | CDC
Review policies and procedures related to isolation precautions to include EBP.	
Educate staff and residents on EBP.	
Audit all resident's charts to determine if they need to be on EBP and ensure signs (or ensure other methods of identification for residents on EBP) are in place, along with PPE needed.	

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Action Items F887

1. Document education and offers of newly available COVID-19 vaccines to both residents and staff as updated formulations become available.
2. Ensure documentation of vaccine education and offers to residents and/or their representatives upon admission to the facility.
3. Use the most current CMS COVID-19 vaccine FAQ as a reference when providing educational materials and information.

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F918-Bathroom Facilities

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

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Critical Element Pathway Updates

CMS-20127-ACCIDENTS
CMS-20081-RESPIRATORY CARE
CMS-20123 HOSPITALIZATION

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CMS 20127 Accidents

New Guidance Highlights:

- 🔴 **Substance Use Disorder (SUD)** now included in:
  - Resident **observations**, **interviews**, and **record reviews**.
  - Safety risk assessments and intervention planning.
- 🔴 **Electronic cigarette safety**:
  - Surveyors must confirm **charging devices are not left unattended**.
- 🧯 Surveyor guidance now includes:
  - 🔍 **Streamlined hazard observations**, removing some previously required checks.
  - 🧠 Education-focused review of resident records for instruction on:
    - 🔴 Falls
    - 🔴 Hot liquids
    - 🔴 Safe use of smoking materials (including **e-cigarettes, lighters, and chargers**)

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CMS 20127 Accidents

New Considerations for Surveyors:

- 🔴 If a **resident-to-resident altercation** appears **willful**, surveyors are now directed to investigate at **F600 (Freedom from Abuse)** in addition to F689.
- 📝 Surveyors must verify:
  - **Resident education** on personalized safety risks is documented.
  - Policies account for **device supervision**, especially with e-cigarettes and chargers.
  - The **interdisciplinary team** considers SUD when assessing fall or behavioral risk.

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CMS 20127 Accidents

🛏️ **Fall & Hazard Risk Mitigation (Existing):**

- Conduct regular environmental safety rounds.
- Complete and update fall risk assessments after incidents or condition changes.
- Ensure use of appropriate assistive devices and staff supervision based on need.
- Monitor and document the effectiveness of all accident prevention interventions.

🔴 **NEW Focus Areas (Per QSO-25-14-NH):**

- 🔴 Evaluate and mitigate risks related to **e-cigarettes and vaping devices**.
- 🔴 Implement smoking policies that consider **device storage, charging, and supervision**.

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CMS 20127 Accidents

Substance Use Disorder (SUD) – Elevated Accident Risk (F689)

🧠 **Clinical Practices (Existing):**

- Ensure proper assessment and individualized care planning for all residents.
- Respond to incidents with reassessment and root cause analysis.
- Train staff in general behavioral and safety risk recognition.

🔴 **NEW Emphasis – Substance Use Disorder:**

- 🔴 Recognize **SUD as a contributing factor** to increased fall and accident risk.
- 🔴 Screen for history or signs of **substance use or withdrawal symptoms**.
- 🔴 Create tailored interventions to **reduce safety risks linked to impairment or relapse**.
- 🔴 Involve interdisciplinary team in planning care for residents with SUD.

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CMS 20081 – Respiratory Care

🔄 Several references to **specific medical procedures or products** were revised to more flexible language:
→ Now directs facilities to follow **"manufacturer's instructions"** instead of naming particular interventions.

👀 Observation and interview expectations have been **streamlined and simplified** throughout the Critical Element Pathway (CEP).

Action Items:

- ❑ Review updated guidance with clinical team members responsible for respiratory care.
- ❑ Reassess and update relevant **policies and procedures** to align with manufacturer-specific instructions.
- ❑ Ensure documentation reflects **individualized respiratory care** guided by clinical assessment and equipment directions.

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CMS-20123 - Hospitalization

- 🔍 During **offsite preparation**, surveyors now:
  - Review **Ombudsman input** for any concerns about hospitalization or transfers/discharges.
  - Examine **complaints and survey history** for potential noncompliance related to hospitalizations or discharge practices.
- 🗣️ **New interview questions** guide surveyors to explore:
  - Facility efforts to **prevent avoidable hospitalizations**.
  - Communication and planning around hospital transfers.

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CMS-20123 Hospitalization

Action Items:

- ❑ Review the updated CEP with the **interdisciplinary team (IDT)**.
- ❑ Integrate new elements into:
  - 📋 **Resident care plans**—ensure hospital risk factors are addressed.
  - 📝 **Documentation practices**—clearly record hospital transfer justifications and outcomes.
  - 📊 **QAPI processes**—use data for root cause analysis and reduction of rehospitalizations.

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Moving Forward
Action Steps for Compliance and Quality

🔧 **Policy & Procedure Review**
- Update discharge, admission, staffing, and medication protocols to reflect new guidance.
- Ensure AMA discharges are clearly differentiated from noncompliant facility discharges.

📚 **Staff Education & Training**
- Train staff on new discharge documentation requirements, use of psychotropics, and professional standards for diagnoses.
- Reinforce documentation best practices for PBJ reporting and MDS coding.

🧩 **Interdisciplinary Team Engagement**
- Involve the IDT in assessment, care planning, and discharge decision-making.
- Collaborate with Medical Directors to align care with updated standards.

- 📈 **Ongoing Monitoring & QAPI**
  - Use QAPI to identify trends in discharges, rehospitalizations, psychotropic use, and staffing issues.
  - Collect and analyze health equity data to ensure fair and effective care delivery.

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- **References:**
  - Elizaitis, B. "Revised Ftag of the Week – F725 Sufficient Nurse Staffing (Pt. 1)". F Tag of the Week, Nursing Homes/Skilled Nursing. January 20, 2025. https://cmscompliancegroup.com/nursing-homes-skilled-nursing/revised-ftag-of-the-week-f725-sufficient-nurse-staffing-pt-1/?utm_source=chatgpt.com
  - CMS-Center for Clinical Standards and Quality/Quality, Safety & Oversight Group QSO-25-14-NH
  - CASPER Reporting User's Guide For PBJ Providers, Section 12 PAYROLL BASED JOURNAL (PBJ) REPORTS
  - CMS QIES Technical Support Office Nursing Home (MDS)/Swing Bed Providers Reference & Manuals

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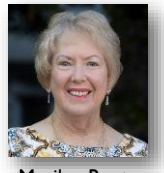

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