

LTC ADMINISTRATOR 101

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QIPMO LTC LEADERSHIP COACH
MANHA**

JUNE 8TH 2026

OBJECTIVES



ROLES AND RESPONSIBILITIES



REGULATORY/COMPLIANCE SUPPORT



SURVEY PROCESS



BEST PRACTICES

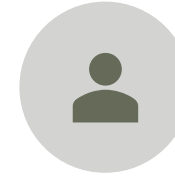
ADMINISTRATOR SURVEY PREP



HAVE A SURVEY BOOK
READY TO HAND OVER
WHEN SURVEYORS WALK
IN YOUR BUILDING



LIST OF KEY STAFF &
LOCATION



RESIDENT ROSTER



POLICY FOR ABUSE &
NEGLECT, GRIEVANCE,
ADMISSION PACKET, EP,
SMOKING



MED PASS TIMES



MEAL TIMES



12 MONTHS FIRE DRILLS



MENU INCLUDING
THERAPEUTICS

SURVEY BOOK

ADMISSION &
DISCHARGES
LAST 30 DAYS

MEDICARE A
RESIDENTS

HOSPICE
PATIENTS

DIALYSIS
RESIDENTS

STAFF
SCHEDULE

DISASTER
DRILLS

SURVEY PREP

A list of residents who smoke, designated smoking times, and smoking area

Name of resident council president

Copy of working schedule for the week

List of paid feeding assistants if applicable

Infection preventionists name and certification

Nursing waivers if applicable

SURVEY PREP

RESIDENT INTERVIEWS

WHO IS RESPONSIBLE TO SET UP COMPUTER ACCESS FOR YOUR EMR'S, WiFi CODES, HAVE YOU LOGGED IN AS A SURVEYOR TO SEE THAT IT WORKS & WHAT THEY ARE SEEING????

WHO IS RESPONSIBLE TO CUT OFF REMOTE ACCESS WHEN SURVEYORS LEAVE YOUR BUILDING

HR ... CAN YOU RUN A LIST OF EMPLOYEES HIRED SINCE YOUR LAST SURVEY INCLUDING DOH & DEPARTMENT LOCATION

WHO IS AUDITING YOUR 12 HOURS COMPETENCE TESTING FOR CNA'S TO ENSURE COMPLETION

MONITORING CHECK LIST

MED ROOMS, MED
CARTS, INSULIN
LABELING, EXPIRED
MEDICATIONS

TEMP LOGS
REVIEWED
NO FOOD OR
DRINK IN MED
FRIDGE

REVIEW WOUNDS,
WEIGHTS, INCIDENT
AND ACCIDENT
REPORTS,

CHEMICALS LOCKED
& STORED
ACCORDINGLY

AUDIT CALL LIGHTS
RESPONSE TIMES

UPDATE CMS 802
REGULARLY....

REVIEW CODE
STATUS

AUDIT/REVIEW DIET
ORDERS

REVIEW PAST 6
MONTHS OF RD
RECOMMENDATIONS

REVIEW EDUCATION,
COMPETENCY
TESTING FOR CNA...
12 HOURS

MONITORING



REVIEW 6 MONTHS OF PHARMACY RECOMMENDATIONS



FALL LOGS



CARE PLANS...INTERVENTIONS AFTER EACH FALL, ARE INTERVENTIONS IN PLACE, ie,, FALL MATS, LOW BED,



SIDE RAIL, ASSIST RAIL, TRANSFER HANDLE,PAPERWORK/CONCENT COMPLETE ,ARE THEY MONITORED AND MEASUREMENTS RECORDED, NOT JUST CHECK MARKS



WOUNDS MEASURED, TREATMENTS ADJUSTED IF APPLICABLE



OMBUDSMAN NOTIFIED OF DISCHARGES, TRANSFERS, NEW RED CAP PROCESS



REVIEW OXYGEN USE & ORDERS FOR TUBING ETC...

MONITORING

TUBE FEEDINGS
REVIEWED ,
CONTINUOUS,
FLUSHES

WEIGHT LOSS
REVIEWED WEEKLY

INFECTION
PREVENTION,
TRACKING
REVIEWED, MAPPED

TB TESTING
COMPLETE FOR
RESIDENTS AND
STAFF

REVIEW GRIEVANCE
LOGS

REVIEW RESIDENT
COUNCIL MINUTES
AND ADDRESS
CONCERNS

REVIEW QM ,
REVIEW CLINICAL
RECORDS AND
TRIGGERED AREAS

SSD



ARE YOU AWARE AND USING THE MOST CURRENT FORMS



ARE YOU AUDITING FORMS USED IN YOUR BUILDING



ABN FORM CMS-R-131

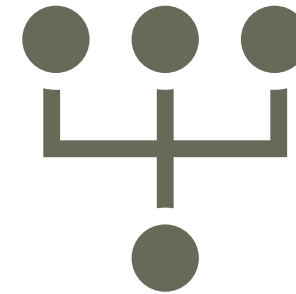


EXPIRATION DATE OF 03-31-2029

QIPMO SURVEY TOOL



7 WEEK SURVEY PREPARDNESS TOOL



IDENTIFIES AREAS FOR EACH DEPARTMENT TO BE CHECKED WEEKLY TO HELP ENSURE COMPLIANCE.

REGULATIONS



SOME OF THE MOST FREQUENTLY CITED F TAGS:



F880 INFECTION CONTROL



F TAGS: 600,602,607,608,609,610....ABUSE/ NEGLECT/ REPORTING



F TAGS : 655,656,657,658.....CARE PLANS

IMMEDIATE JEPORDY

MOST COMMON
CITATIONS FOR
IMMEDIATE
JEPARDY

ABUSE

ELOPEMENT

CHOKING

CPR

INFECTION
FAILURES

KNOW HOW TO
IDENTIFY, REMOVE,
DOCUMENT & DO
IT QUICKLY

CPR

ONE OF MOST
FREQUENTLY CITED
IJ'S

FINE POTENTIAL
\$3050 - \$10,000 PER
DAY

HOW DO STAFF
KNOW WHETHER
RESIDENTS ARE
FULL CODE OR DNR

IS YOUR VAN
DRIVER CPR
CERTIFIED

WHO IS TRACKING
CERTIFIED STAFF IN
YOUR BUILDING TO
ENSURE 24 HR
COVERAGE

WHO MONITORS
RECERTS

CRITICAL ELEMENT PATHWAYS

IF YOU ARE NOT FAMILIAR WITH THESE, YOU NEED TO BE !! THERE ARE 42 CEP'S TO HELP

THEY ARE GIVING YOU THE ANSWERS TO THE TEST

DINING ,FOOD SERVICE, MED PASS, RESIDENT COUNCIL, ABUSE , PERSONAL FUNDS, ACTIIVITIES, ENVIRONMENTAL , RESTRAINTS, ETC.....

CEP KITCHEN

FOOD THAWING PROPERLY
ITEMS IN FRIDGE LABELED AND DATED
HAND WASHING AREA WITH SOAP AND
WATER SEPARATE FROM FOOD AREA
FOOD PREPARED, COOKED AND
STORED APPROPRIATELY
STAFF EMPLOYING GOOD HYGIENE
PRACTICE(NOT TOUCHING HAIR,
FACE, CELL PHONES, ETC)

YES _____

NO _____ CITE F812



CEP RESIDENT FUNDS



DO RESIDENTS HAVE READY ACCESS TO THEIR PERSONAL FUNDS MANAGED BY THE FACILITY ? YES _____ NO F567 _____
NA _____



DOES THE FACILITY PROVIDE QUARTERLY STATEMENTS TO RESIDENTS AND OR REPRESENTATIVES UPON REQUEST?
YES _____ NO F 568 _____ NA _____



DOES THE FACILITY PROVIDE MEDICAID RESIDENTS NOTICE WHEN THEIR ACCOUNTY REACHES \$200 OF INCOME LIMIT?
YES ___ NO F569 ___ NA _____

ABUSE & NEGLECT



ALL ALLEGATIONS OF ABUSE WITH SERIOUS BODILY INJURY ARE REQUIRED TO BE REPORTED IMMEDIATELY, BUT NO LATER THAN 2 HOURS.



ALL OTHER ALLEGATIONS WITH NO SERIOUS BODILY INJURY MUST BE MADE WITH IN 24 HOURS.



WITH IN 5 WORKING DAYS FACILITIES ARE REQUIRED TO SUBMIT A FOLLOW UP INVESTIGATION REPORT TO SLCR REGIONAL OFFICE.

ALL INJURIES OF
UNKNOWN ORIGIN
TECHNICALLY ARE
REPORTABLE
KNOW WHAT YOUR
REGION EXPECTS



BASE LINE CAREPLANS

WHO IS MONITORING THESE
IN YOUR BUILDINGS TO
ENSURE COMPLETION WITH
IN THE 48 HOUR REQUIREMENT



CHANGE OF CONDITION

.....
HOW IS THIS PROCESS COMMUNICATED IN YOUR FACILITY.....FOLLOW THROUGH ???

CNA

NURSE

PHYSICIAN

FAMILY

INFECTION CONTROL

DO YOU HAVE A
GOOD PROCESS IN
YOUR BUILDING
FOR TRACKING
INFECTIONS

WHEN ARE THEY
REVIEWED, HOW
OFTEN DOES THE
ADM SEE THESE???

F880 IS THE MOST
FREQUENTLY
CITED CITATION

SURVEY PROCESS

STANDARD SURVEYS SHOULD HAPPEN WITH IN 12-15 MONTHS OF PREVIOUS SURVEY

NEW UPDATES TO STATE OPERATIONS MANUAL CHAPTER 5 & 7

03-30-26

OBSERVATIONS OF PRIVATE AREAS OF RESIDENTS (PERI CARE etc) WILL BE COMPLETED BY RN

MUST ATTEMPT TO GAIN CONCENT FROM RES & OR DPOA

ALL SURVEYORS SHOULD ENTER AT SAME TIME

SURVEYORS WILL STAY A MINIMUM OF 5 CONSECUTIVE HOURS FIRST DAY

WILL NOT ENTER ON FRIDAY AND RETURN ON MONDAY, MUST BE CONDUCTED IN CONTINUOUS DAYS

PLAN OF CORRECTION

ALWAYS REMEMBER TO INCLUDE THESE ITEMS

WHAT YOU DID TO CORRECT THE ISSUE IMMEDIATELY

WHO DID THIS DEFICIENT PRACTICE EFFECT, MAKE SURE YOU MONITOR ALL RESIDENTS THIS COULD HAVE INVOLVED

HOW ARE YOU GOING TO PREVENT THIS FROM HAPPENING AGAIN

HOW ARE YOU GOING TO MONITOR TO MAINTAIN COMPLIANCE , IDT TEAM?



QA vs QAA

In a Skilled Nursing Facility (SNF), **QA** and **QAA** are related, but they are not the same thing.

QA = Quality Assurance

QA is the **process** of monitoring and improving care and services.

It focuses on:

Identifying problems

Correcting problems

Monitoring outcomes

Preventing recurrence

Examples of QA activities:

Auditing medication errors

Tracking falls

Monitoring weight loss

Infection control reviews

Reviewing grievances

Kitchen sanitation checks

Think of QA as the **actual work of quality monitoring and improvement.**

QA vs QAA

QAA = Quality Assessment & Assurance Committee

QAA is the **required committee/team** under federal regulations that oversees QA activities.

Federal requirement:

F865 / 42 CFR §483.75

The QAA committee:

Meets at least quarterly (many SNFs do monthly)

Reviews facility data/trends

Identifies systemic issues

Develops action plans

Oversees QAPI efforts

QA vs QAA

Required members usually include:

Director of Nursing

Medical Director (at least involved)

Administrator

At least 3 other staff members (CNA input can be in person or written communication)

The committee is responsible for making sure the facility is:

Assessing quality issues

Taking corrective action

Following through

EXAMPLE

Term

QA

QAA

Meaning

The quality monitoring activities

The committee overseeing QA

Example

Auditing falls weekly

Monthly QA meeting reviewing falls data

QAPI

How this connects to QAPI (Quality Assurance and Performance Improvement.)

Today, most SNFs function under the broader system called QAPI....

QA (finding problems) reactive/compliance focused
• PI/PIPs (performance improvement projects)

QAA committee = the formal oversight body

QAPI = "QAPI is a facility-wide program that uses data and performance improvement activities to identify opportunities, solve problems, and improve resident outcomes, quality of care, and quality of life."

QAPI



ADMINISTRATORS KNOW YOUR KEY STATS WEEKLY



FALLS



HOSPITALIZATIONS



INFECTIONS



STAFFING

PIP'S

PERFORMANCE
IMPROVEMENT
PROJECTS

THESE SHOULD
TARGET REAL
PROBLEMS NOT
JUST CHECKBOX
TOPICS

STAFFING

STAFFING WILL BE YOUR
BIGGEST RISK FOR SURVEY
OUTCOMES

LOW STAFFING= HAS
GREAT POTENTIAL FOR
POOR CARE= CITATIONS





WATER MANAGEMENT

DO YOU HAVE A WATER
MANAGEMENT COMMITTEE
FOR MONITORING
LEGIONAIRES

AGENDA

MINUTES

ATTENDANCE SIGN IN SHEET

ADM, DON, IP ,MAIN.

ENVIRONMENTAL SERVICES



Sinclair School of Nursing
The University of Cincinnati

TAKE A WALK



ADMINISTRATORS MUST BE VISIBLE , YOU MUST WALK THE HALLS AND SEE WITH YOUR OWN EYES THE HAPPENINGS IN YOUR BUILDING, STAFF & RESDIETNS NEED TO KNOW YOU ARE THERE AND AWARE .



WALK THE HALLS



TALK TO RESDIENTS



OBSERVE CARE AND INTERACTIONS

DIETARY

ARE YOU
AWARE OF
WEIGHT LOSS
IN YOUR
BUILDING,
HOW ARE YOU
MONITORING





ENVIRONMENTAL

MAKE YOUR ROUNDS

IS THERE CLUTTER IN
YOUR HALLWAYS

ARE EXIT LIGHTS
WORKING

BROKEN EQUIPMENT

FRAYED LIFT SLINGS

ODORS IN YOUR
BUILDING



DOCUMENTATION

MAKE SURE YOU HAVE AN AUDIT
SYSTEM IN PLACE TO REVIEW
DOCUMENTATION

SURVEYORS WILL COMPARE

- WHAT DID THE STAFF SAY
- WHAT DID THE RESIDENT SAY
- WHAT GOT CHARTED



INVESTIGATIONS

MAKE SURE YOU ARE DOING THOROUGH INVESTIGATIONS FOR

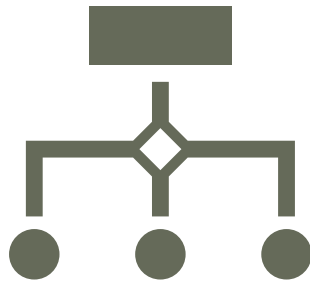
ABUSE

FALLS

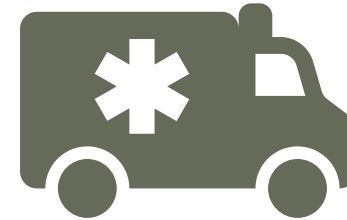
INJURIES

INCOMPLETE INVESTIGATIONS USUALLY RESULT IN DEFICIENCIES

LIFE SAFETY / EMERGENCY PREP



ARE YOU REVIEWING, UPDATING & SIGNING YOUR EP MANUAL



ARE RESIDENTS, FAMILIES, DPOA AWARE UPON ADMISSION AND ANNUALLY THEREAFTER OF YOUR FACILITIES EMERGENCY PLAN & ANY CHANGES MADE UPON REVIEW OR AFTER AN INCIDENT

PB&J

REPORTING DUE 45
DAYS AFTER THE
END OF THE
QUARTER:

FEBRUARY 14TH,

MAY 15TH,

AUGUST 14TH

NOVEMBER 14TH

MUST HAVE
RECORDS TO
VARIFY HOURS
REPORTED

30 MINUTES WILL BE
AUTOMATICALLY
DEDUCTED FOR
LUNCH BREAKS,

RN MUST WORK 8.5
HOURS TO GET
CREDIT FOR 8
HOURS

PBJ AUDITS

ADM NOTIFIED
VIA EMAIL &
CERTIFIED MAIL

POTENTIALLY 5-7
DAYS TO
RESPOND

SUBMIT DATA IN
EXCEL OR
ACCESS FORMAT
IF AVAILABLE

THEY WILL NEED
VARIFICATION
FOR ALL HOURS
REPORTED.

PBJ AUDITS



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THE TREND AT THIS TIME SEEMS TO BE FOCUSING ON WEEKEND NURSING PACKAGES SUCH AS WORK 36 PAID 40 .

MAKE SURE YOU HAVE DOCUMENTATION FROM CONTRACT STAFF, DR, PHARMACY, THERAPY ETC.....



POTENTIAL SURVEYOR QUESTIONS FOR CNA'S... PREPARE YOUR STAFF

DO YOU PARTICIPATE IN
CARE PLANS

RECENT INSERVICE
TOPICS

IF YOU SEEN SOMEONE
HURT A RESIDENT
WHAT WOULD YOU DO

WHAT IS THE PURPOSE
OF RANGE OF MOTION

WHERE WOULD YOU
FIND INFORMATION
ON WHAT THE
RESIDENT IS ABLE TO
DO AND CARE NEEDED.

HAVE YOU EVER
ATTENDED TRAINING
FOR ABUSE AND
NEGLECT

WHAT WOULD YOU DO
IF RESIDENT REFUSES
ADL CARE

HOW DO YOU KNOW
THE CODE STATUS OF
OUR RESIDENTS

STRENGTHS

STRONG DAILY OVERSIGHT IN
YOUR BUILDING..
BE SEEN

REAL QAPI....NOT JUST PAPER

KNOW YOUR RESIDENTS...
NOT JUST REPORTS

KNOW YOUR STAFF

RESOURCES

QIPMO WEBSITE

nursinghomehelp.org

cms.gov

**AT THE END OF THE DAY, YOU AS THE ADMINISTRATOR ARE ONLY ONE PERSON,
BUT YOU ARE RESPONSIBLE FOR EVERY ASPECT OF YOUR FACILITIES DAY TO DAY
OPERATIONS, YOU CAN NOT DO THIS ALONE, BUILD YOUR TEAM & SURROUND
YOURSELF WITH GREAT PEOPLE**



CLINICAL EDUCATION NURSES

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