



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

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EXPIRED EFFECTIVE: March 10, 2025

DATE: June 6, 2025

ORIGINAL POSTING DATE: January 15, 2025

TO: State Survey Agency Directors

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

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

Memo Revision Information:

<i>Expiration Date:</i>	<i>March 10, 2025</i>
<i>Expiration Information:</i>	<i>Refer to QSO-25-14-NH: REVISED: Revised Long-Term Care (LTC) Surveyor Guidance: Significant revisions to enhance quality and oversight of the LTC survey process</i>

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 March 24, 2025.

Effective Date: Surveyors will begin using this guidance to determine compliance with requirements on surveys beginning March 24, 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

Background:

CMS is committed to continuously enhancing the effectiveness and efficiency of our oversight and compliance programs for nursing homes. By doing so, we ensure that our primary responsibility, protecting the health and safety of residents, remains at the forefront of our efforts. Through a data-driven approach, we identify areas for improvement and implement solutions that strengthen the quality of care provided across facilities.

Health and safety updates are regularly made to address emerging trends in deficiency citations nationwide. This ensures that our guidance remains aligned with current standards of practice and reflects the evolving needs of residents. These updates are essential to maintaining the integrity of nursing home care.

CMS will publish these updates in Appendix PP of the State Operations Manual (SOM) in March, 2025 for State Survey Agencies (SAs), long-term care facilities, and the public to understand how compliance will be assessed. This guidance will also be available to surveyors in the Automated Survey Process Environment (ASPEN) system starting March 24, 2025. Surveyors will begin using the guidance to determine compliance at that time.

IG Guidance:

The areas that have been revised and the rationale for significant revisions are described below:

Admission, Transfer and Discharge:

Admission Agreement: CMS clarified guidance prohibiting admission agreements from containing language requesting or requiring a third-party guarantee of payment, adding examples of noncompliance.

To reduce the overlap of citations, improve clarity, and make it easier for surveyors to identify noncompliance, CMS is deleting Tags F622 – F626, and F660 – F661 and removing the terms “facility-initiated” and “resident-initiated.” The guidance from the deleted Tags has been reorganized, with revisions added to clarify when a transfer or discharge is noncompliant. The new citations are F627 for Inappropriate Transfers and Discharges and F628 for Transfer and Discharge Process.

Sufficient Nursing Staff, RN 8 Hrs./7days/Wk., Full Time DON, & Payroll Based Journal

Guidance for investigations using the Payroll Based Journal Staffing Data Report has been added. This report will be used as one of the sources of information indicative of potential noncompliance. 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.

Chemical Restraints/Unnecessary Psychotropic Medication:

The regulations and guidance for the unnecessary use of psychotropics (F758) have been incorporated into F605. This change will help to streamline the survey process, increase consistency, and strengthen our message that facilities must prevent the unnecessary use of psychotropic medications. The guidance regarding “convenience” has been revised to include situations when medications are used to cause symptoms consistent with sedation and/or require less effort by facility staff to meet the resident’s needs. Additional guidance has been added to emphasize requirements related to the right to be fully informed of and participate in or refuse treatment, noting that before initiating or increasing a psychotropic medication, the resident must be notified of and have the right to participate in their treatment, including the right to accept or decline the medication. Unnecessary Medications (F757) has been revised to only include guidance for non-psychotropic medications. The revised Unnecessary Medications, Chemical Restraints/Psychotropic Medications, and Medication Regimen Review Critical Element Pathway also includes investigative elements to align with the revised guidance.

Professional Standards and Medical Director:

Instructions for investigating adherence to professional standards of practice when concerns arise regarding residents diagnosed with a condition without sufficient supporting documentation for which antipsychotic medications are an approved indication were added to the guidance at Professional Standards (F658). Guidance for citing noncompliance and examples were also included.

Clarification regarding the Medical Director’s responsibilities related to the implementation of resident care policies was added to the guidance at F841. Specifically, ensuring physicians and other practitioners adhere to facility policies on diagnosing and prescribing medications and 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 were incorporated into the guidance. Interviewing the facility Medical Director was also incorporated into the Unnecessary Medications and Quality Assurance & Performance Improvement (QAPI) pathways.

Accuracy/Coordination/Certification:

Instructions for investigating Minimum Data Set (MDS) assessment accuracy and determining whether noncompliance exists when a concern related to insufficient documentation to support a medical condition is identified for a resident receiving an antipsychotic medication were added to the guidance in Accuracy of Assessment (F641). The regulatory references and guidance under Coordination/Certification of Assessment (F642) are being relocated to Accuracy of Assessment (F641), and tag F642 has been deleted.

Comprehensive Assessment after Significant Change:

Revisions were made to update the language to reflect the levels of assistance a resident receives for self-care and mobility activities to align with Section GG of the MDS.

QAPI/QAA Improvement Activities:

New guidance was added incorporating health equity concerns 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 also consider factors that affect health equity and outcomes of their resident population when establishing priorities in their QAPI program.

Cardio-Pulmonary Resuscitation (CPR):

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

Pain management:

Revisions to the guidance for acute, chronic, and subacute pain were made to align with CDC definitions. We also clarified that clinicians may consider prescribing immediate-release opioids instead of extended-release or long-acting options and emphasized the need for individualized opioid treatment plans. Additionally, resource links on opioid use were updated and expanded.

Physical Environment:

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.

Infection Prevention & 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 Immunization:

Guidance related to requirements for facilities to educate residents or resident representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine and offer the vaccine (previously released in CMS Memo QSO-21-19-NH on May 11, 2021), was incorporated into Appendix PP.

Other revisions:

In addition to the revisions to the guidance outlined above, CMS is also making technical corrections to many citations to remove erroneous references and correct typographical errors.

Survey Process Software:

CMS is incorporating the revised guidance into the Long-Term Care Survey Process (LTCSP) software application, and surveyors will use the new version of the software for surveys beginning on March 24, 2025. CMS is also updating other survey documents, including the Critical Element (CE) Pathways, used to investigate potential care areas of concern. Advance copies of affected pathways are attached to this memo. CMS will update all associated survey documents found in the “Survey Resources” link in the Downloads Section of the CMS Nursing Homes website by March 24, 2025.

Training Resources:

Immediately following the release of this memorandum, CMS will post guidance training for nursing home surveyors and providers publicly in the Quality, Safety, and Education Portal

(QSEP) (<https://qsep.cms.gov/welcome.aspx>). This training will explain the revisions made to the guidance.

Note: Training for Nurse Staffing and Payroll Based Journal has been added to the existing training in the QSEP.

States will receive a QIES Technical Support Office (QTSO) memo with information on updating survey software, and accessing software training prior to the effective date.

Contact:

For questions or concerns relating to this memorandum, please contact CMS at NHSurveyDevelopment@cms.hhs.gov. For questions on regulations and interpretive guidance contact CMS at DNH_TriageTeam@cms.hhs.gov.

Effective Date:

Revisions to the State Operations Manual-Appendix PP March 24, 2025. Please communicate to all appropriate staff within 30 days.

/s/

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Attachment(s)

- Advanced copy of Appendix PP, Guidance to Surveyor for Long Term Care Facilities (Including advance copy of F725, F727, and F851)
- Advanced copy of Critical Element Pathways (Including advance copy of Sufficient and Competent Nurse Staffing Review Critical Element Pathway)

cc: Survey and Operations Group Management

Resources to Improve Quality of Care:

Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.

Learn to:

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

See the [Quality, Safety, & Education Portal Training Catalog](#), and select Quality in Focus

Get guidance memos issued by the Quality, Safety and Oversight Group by going to [CMS.gov](https://www.cms.gov) [page](#) and entering your email to sign up. Check the box next to "CCSQ Policy, Administrative, and Safety Special Alert Memorandums" to be notified when we release a memo.