



Center for Clinical Standards and Quality

Ref: QSO-26-03-NH REVISED

DATE: April 3, 2026

TO: State Survey Agency Directors

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

SUBJECT: **REVISED:** Revisions to the State Operations Manual (SOM) Chapters 5 and 7

Memo Information:

Memo revision date: 2026-04-03

Original release date: 2026-01-30

Memorandum Summary

CMS is releasing the following guidance in Chapter 5 of the SOM:

- Revisions to Immediate Jeopardy Priority Definition examples for Nursing Homes; and
- Clarification of Off-site investigations.

CMS has updated and revised guidance in Chapter 7 of the SOM that includes:

- Survey Team Composition, Survey Procedures, Plans of Correction, Verifying Corrections, Survey Revisit and Offsite Revisit Paper Review, Off-hours Survey, Enforcement, Nurse Staffing Waivers, Disposition of Civil Money Penalties (CMP), Federal Civil Penalties Inflation Reduction Act, Informal Dispute Resolution (IDR), and Independent Informal Dispute Resolution (IIDR);
- Additionally, guidance previously found in Appendix P of the State Operations Manual has been added to Chapter 7; and
- Technical changes that include updates for accurate references.

Background:

To protect the health and safety of nursing home residents, CMS continues to enhance oversight and enforcement when non-compliance with federal statutes and regulations is identified. The instructions and interpretive guidance in the State Operations Manual (SOM) explain specific federal requirements and clarify how surveyors should cite non-compliance.

Discussion:

CMS has updated Chapters 5 and 7 of the SOM to align instructions and guidance with current policies in QSO memos and established practices.

Chapter 5 Updates:

The revisions to Chapter 5 ensure that the oversight and investigations of alleged non-compliance are thorough and consistent across the country. They also clarify that off-site investigations must be approved by CMS in advance to ensure uniform application. The revisions also expand examples of intakes that warrant immediate jeopardy prioritization, such as discharging a resident to an unsafe setting.

Chapter 7 Updates:

The revisions to Chapter 7 standardize oversight, investigation procedures, enforcement actions, and the Civil Money Penalty Reinvestment Program (CMPRP). The revisions update a wide variety of survey guidance, such as survey team composition, resident privacy and confidentiality, photography during survey, off-hours survey, past non-compliance, severity and scope of deficient practices, and conducting exit conferences. We also incorporated instructions previously outlined in Appendix P of the SOM, which was removed when the Long Term Care Survey Process (LTCSP) launched in 2017.

Key Revisions include:

- **Nurse Staffing Waivers and Resident Room Variances:** This section of guidance simply provides a process for nursing homes to obtain a waiver and is not related to the survey process. Therefore, CMS is moving this guidance from Appendix PP to Chapter 7.
- **Onsite vs. Off-site revisits:** Clarifies procedures for conducting revisits after surveyors identify non-compliance.
- **Immediate Jeopardy (IJ):** Updated guidance on identifying immediate jeopardy, determining when it has been removed, and outlining conditions for lowering the severity level once IJ has been removed.
- **Acceptable Plan of Correction:** Addresses an OIG recommendation to clarify areas related to the acceptable plans of correction after a facility was found to be non-compliant with the requirements for participation.
- **Enforcement Guidance:** Revises policies for Civil Money Penalties (CMP) to align with current practices, including use of the CMP Analytic Tool and the annual adjustment of CMP amounts according to the Annual CMP Inflation Adjustment Act of 2015. Updates also reflect changes to the CMP policy that align with the Fiscal Year 2025 Skilled Nursing Facilities Prospective Payment System (SNF PPS) final rule (89 FR 64048, Aug. 6, 2024), which expands CMS' ability to impose per instance and per day CMPs to promote sustained correction of health and safety deficiencies. *These revisions will be reflected in the CMP Analytic Tool for all enforcement cycles starting on and/or after March 31, 2026. Per-Instance CMPs will be displayed on Nursing Home Care Compare beginning June 24, 2026.*
- **Civil Money Penalty Reinvestment Program:** The updated guidance clarifies the allowable and non-allowable uses of CMP funds, the current application review process, and reporting requirements for project results. Additionally, the updates clarify that State CMP Fund Balances from the State Plan will be publicly posted. The updates were made to align with the release of [QSO-25-26-NH](#).

- **Informal Dispute Resolution (IDR):** Aligns IDR procedures with the Independent IDR (IIDR) process and adds guidance on uploading deficiencies pending IDR or IIDR to the CMS record-keeping system to improve transparency.
- **Survey Expectations:** *The updated guidance clarifies the minimum amount of time the survey team should be onsite on the first day of a survey, and the minimum amount of consecutive days that the survey team should be onsite for standard and abbreviated surveys.*

Contact:

For questions or concerns relating to this memorandum, please contact DNH_TriageTeam@cms.hhs.gov

Effective Date:

April 30, 2026. Please communicate to all appropriate staff within 30 days.

/s/
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Group

Attachment(s)-

Table: Summary of changes

Attachment A - Advanced copy of Chapter 5, Complaint Procedures

Attachment B - Advanced copy of Chapter 7, Survey and Enforcement Process for Skilled Nursing Facilities and Nursing Facilities

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

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