

CMS Manual System

Pub. 100-07 State Operations Provider Certification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 250

Date: October 16, 2026

SUBJECT: Revisions to State Operations Manual (SOM), Chapter 5

I. SUMMARY OF CHANGES: Request to reinsert the sections below. These sections were deleted in error in the last publication.

NEW/REVISED MATERIAL - EFFECTIVE DATE: October 16, 2026

IMPLEMENTATION DATE: October 16, 2026

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N	5300.1/Task 1: Offsite Survey Preparation
N	5300.4/Task 6: Information Analysis
N	5320.3/Reporting Findings

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

State Operations Manual

Chapter 5 - Complaint Procedures

Table of Contents
(Rev. 250; Issued: 10-16-26)

Transmittals for Chapter 5

5300.1 - Task 1: Offsite Survey Preparation

(Rev. 250; Issued: 10-16-26; Effective: 10-16-26; Implementation: 10-16-26)

Review any information about the facility that would be helpful to know in planning the investigation. Contact the ombudsman to discuss the nature of the complaint and whether there have been any similar complaints reported to the ombudsman.

Review the related regulatory requirements or standards that pertain to the complaint. For example, if it is a complaint about abuse, review the requirements at 42 CFR 483.12.

Plan the investigation. Before going to the nursing home, plan what information to obtain during the complaint investigation based on the information already acquired. Consider practical methods to obtain that information.

5300.4 - Task 6: Information Analysis

(Rev. 250; Issued: 10-16-26; Effective: 10-16-26; Implementation: 10-16-26)

Review all information collected. If there are inconsistencies, do additional data collection as needed, to resolve the inconsistencies. Determine if there is any other information still needed.

Determine whether:

- *The facility failed to meet any of the regulatory requirements; and*
- *The facility practice or procedure that contributed to the complaint has been changed to achieve and/or maintain compliance.*

To cite past noncompliance with a specific survey data tag (F-tag or K-tag), all of the following three criteria must be met:

- 1) The facility was not in compliance with the specific regulatory requirement(s) (as referenced by the specific F-tag or K-tag) at the time the situation occurred;*
- 2) The noncompliance occurred after the exit date of the last standard recertification survey and before the survey (standard, complaint, or revisit) currently being conducted; and*
- 3) There is sufficient evidence that the facility corrected the noncompliance and is in substantial compliance at the time of the current survey for the specific regulatory requirement(s), as referenced by the specific F-tag or K-tag.*

A nursing home does not provide a plan of correction for a deficiency cited as past noncompliance as the deficiency is already corrected; however, the survey team documents the facility's corrective actions on Form CMS-2567.

5320.3 - Reporting Findings

(Rev. 250; Issued: 10-16-26; Effective: 10-16-26; Implementation: 10-16-26)

1 - Reporting to Entities

If the individual waives the right to a hearing or the time to request a hearing has expired, or if the hearing finding is that the individual neglected or abused a resident or misappropriated a resident's property, the findings must be reported in writing within 10 working days to:

- a. The individual;*
- b. Current administrator of the facility in which the incident occurred;*
- c. The administrator of the facility that currently employs the individual, if it is not the same facility in which the incident occurred;*
- d. Applicable licensing authorities; and*

The nurse aide registry for nurse aides as specified in 42 CFR 483.156(c) and discussed in §4141. Section 4141 discusses the function of the registry, the information contained in the registry, and responsibility for the registry.

2 - Information Submitted to the Nurse Aide Registry

The following information must be included and remain in the registry permanently, unless the finding was made in error, the individual was found not guilty in a court of law, or the State is notified of the individual's death. See §4141.B.

- a. Documentation of the investigation, including the nature of the allegation and the evidence that led to the conclusion that the allegation was valid;*
- b. The date of the hearing, if the individual chose to have one, and its outcome; and*
- c. A statement by the individual disputing the allegation if the individual chose to make one.*

3 - Information Retained in the Nurse Aide Registry Permanently

The registry must remove entries for individuals who have performed no nursing or nursing-related services for 24 consecutive months, unless the individual's registry entry includes documented findings of abuse, neglect, or misappropriation of property.