"A ***Knowledgeable*** and ***Compassionate*** partner"

BROAD RIVER REHAB

SOM Appendix PP Updates: Part 2

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ACCREDITED PROVIDER
AMERICAN NURSES CREDENTIALING CENTER

SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, virtual**
  - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.
- **Web-Based/On-Demand**
  - In order to obtain nursing contact hours, you must view the entire program, and complete the evaluation.
- **Contact hours** for this program will be awarded for 1 week after the live presentation.

Learning Objectives

SOM Appendix PP Updates: Part 1

- Understand the overall changes to SOM appendix PP
- Generally, describe the individual changes
- Recognize the Critical element Pathway revisions
- Apply these changes to facility survey preparedness
- (QAPI Improvement activities, Cardiopulmonary Resuscitation, Pain Management, Physical Environment, Infection Prevention and Control, COVID-19 Immunization, and Staffing/PBJ.)

Resources

- QSO-25-14-NH
- Nursing Home Survey Resources
- CMS guidance training for nursing home surveyors and providers: Long Term Care Appendix PP Regulatory and Interpretive Guidance Updates – Effective March 2025

Why these Revisions

- 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.

When will these revisions take effect

- CMS will publish these updates in Appendix PP of the State Operations Manual (SOM) in **April 28, 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 **April 28, 2025**. Surveyors will begin using the guidance to determine compliance at that time.

QAPI/QAA Improvement Activities

QAPI/QAA Improvement Activities

- New guidance was added incorporating health equity concerns when:
  - obtaining feedback, and
  - 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.
- Guidance has also been added for facilities to consider factors that affect health equity and outcomes of their resident population when establishing priorities in their QAPI program.
- The Quality Assurance & Performance Improvement (QAPI) and Quality Assessment & Assurance (QAA) Review critical element pathway has been updated related to these revisions.

QAPI/QAA Improvement Activities

- **F867**
  - §483.75(c) **Program feedback, data systems and monitoring**.
  - §483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input
  - §483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information
  - §483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators
  - §483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility
  - §483.75(d) Program systematic analysis and systemic action.
  - 483.75(d)(2) The facility will develop and implement policies addressing:
    - (i) How they will use a systematic approach, (ii) How they will develop corrective actions, (iii) How the facility will monitor the effectiveness of its performance improvement activities
  - §483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas
  - §483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events

QAPI/QAA Improvement Activities

- **F867**
  - §483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects.
  - §483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body… The committee must:
    - (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;
    - (iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements.
- **INTENT:** These provisions are intended to ensure facilities obtain feedback, use data, and take action to conduct structured, systematic investigations and analysis of underlying causes or contributing factors of problems affecting facility-wide processes that impact quality of care, quality of life, and resident safety.

QAPI/QAA Improvement Activities

- **DEFINITIONS**
  - ***"Health equity"*** *refers to* ***t****he 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/cmsframework-for-health-equity*
- **GUIDANCE:** As required in §483.75(a) (F865), the facility must develop and implement systems that ensure the care and services it delivers meet acceptable standards of quality in accordance with recognized standards of practice. This is accomplished, in part, by identifying, collecting, **analyzing** and monitoring data which reflects the functions of each department and outcomes to residents.
  - **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-equityprograms/cms-framework-for-health-equity*

QAPI/QAA Improvement Activities

- **GUIDANCE**
  - **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.*
  - **Establishing Priorities**
    - *Consideration should also be given to factors that affect health equity and outcomes depending on the population of residents within the facility.*
  - **Medical Errors and Adverse**
    - *Data analysis should include an evaluation of factors known to affect health equity, such as race, sexual orientation, socioeconomic status, or preferred language.*
  - **INVESTIGATIVE PROCEDURE**
    - Use the Facility *Task Pathway for Quality Assurance and Performance Improvement (QAPI) and Quality Assessment and Assurance (QAA) Review*, along with the above interpretive guidance when determining if the facility meets the requirements for, or investigating concerns related to QAPI/QAA.

QAPI/QAA Improvement Activities

- **Surveyors should refer to the following when investigating concerns and citing noncompliance related to QAPI:**
  - **F865:** For concerns related to whether a facility has implemented and maintains a comprehensive QAPI program and plan, disclosure of records and governance and leadership.
  - **F867:** For concerns related to how the facility obtains feedback, collects data, monitors adverse events, identifies areas for improvement, prioritizes improvement activities, implements corrective and preventive actions, and conducts performance improvement projects.
  - **F868:** For concerns related to the composition of the QAA committee, frequency of meetings and reporting to the governing

QAPI/QAA Improvement Activities

QAPI Program *Policies & Procedures,* Activities, Analysis and Action

☐ Request and review the documentation for the QAPI program and QAA Committee activities to determine the following:

Does the facility use feedback (e.g., from residents, resident representatives and staff) as part of its QAPI program? *If no, review the P&Ps for how the facility obtains and uses feedback from residents and staff to identify issues and improvement opportunities.*

1. Did the facility develop *and implement P&Ps* for data collection systems, *feedback,* monitoring, *analysis, and action,* including adverse event monitoring? Yes No F867 *(if the surveyor is able to validate QAPI activities and is not prompted to review P&Ps, mark Yes)*

Cardio-Pulmonary Resuscitation (CPR)

Cardio-Pulmonary Resuscitation (CPR)

- Updates were made to CPR certification to align with current nationally accepted standards.
- **F678**
  - §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives.
- **INTENT**: To ensure that each facility is able to and does provide emergency basic life support immediately when needed, including cardiopulmonary resuscitation (CPR), to any resident requiring such care prior to the arrival of emergency medical personnel in accordance with related physicians orders, such as DNRs, and the resident's advance directives.

Cardio-Pulmonary Resuscitation (CPR)

CPR Certification

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*. For concerns related to *CPR certification that meets accepted professional standards* the survey team should consider §483.21(b)(3)(ii), Services Provided by Qualified Persons, F659 and/or *§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. F836.*

KEY ELEMENTS OF NONCOMPLIANCE:

To cite deficient practice at F678, the surveyor's investigation will generally show that the facility failed to do any one of the following:

- Ensure staff maintain current CPR certification for healthcare providers *in accordance with the accepted national standards.* through a CPR provider whose training includes hands-on practice and in-person skills assessment.

Pain management

Pain management

- Revisions to the guidance for acute, chronic, and subacute pain were made to align with CDC definitions.
- CMS 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.
- The Pain Recognition and Management Critical Element Pathway has been revised.
  - A notable addition to the Other Tags, Care Areas (CA) and Tasks (Task) to consider section is the addition of F0600: Abuse and Neglect.

Pain management

- **F697**
- **§483.25(k) Pain Management.**
  - The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.
- **INTENT:** Based on the comprehensive assessment of a resident, the facility must ensure that residents receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident's choices, related to pain management.
- **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)).*
  - *"**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).*

Pain management

- **GUIDANCE**
  - **Use of Opioids for Pain Management**—Prescribing practitioners may find that opioid medications are the most appropriate treatment for acute pain, *subacute pain, and* chronic pain in some residents. *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.*

- ***NOTE**: Requirements at 483.10(c)(5) describe the resident's right to be informed of the risks and benefits of the proposed treatment. For concerns related to informing the resident or resident representative of the risks of opioid use for pain, refer to F552.*
  - *For additional information, refer to:*
    - *Exposure-Response Association Between Concurrent Opioid and Benzodiazepine Use and Risk of Opioid-Related Overdose in Medicare Part D Beneficiaries, https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2685628.*
    - *National Institute on Drug Abuse Benzodiazepines and Opioids, https://nida.nih.gov/research-topics/opioids/benzodiazepines-opioids*
    - *Geriatricpain.org, Resources and Tools for Quality Pain Care, https://geriatricpain.org/*
    - *The Society for Post-Acute and Long-Term Care Medicine (AMDA) opioid The Society for Post-Acute and Long-Term Care Medicine (AMDA) Opioids in Nursing Homes , https://paltc.org/opioids%20in%20nursing%20homes*
    - *Centers for Disease Control Clinical Practice Guidelines for Prescribing Opioids for Pain https://www.cdc.gov/opioids/patients/guideline.html*

Physical Environment

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.
- F918
- §483.90(f) Bathroom Facilities.
  - Each resident room must be equipped with or located near toilet and bathing facilities. For facilities that receive approval of construction plans from State and local authorities or are newly certified after November 28, 2016, each residential room must have its own bathroom equipped with at least a commode and sink.

Physical Environment

- **GUIDANCE: §483.90(f)**
- *Facilities that meet any of the below criteria must meet the requirement for having in each resident bedroom its own bathroom consisting of at least a sink and commode/toilet:*
  - *A facility that received approval for construction from the state or local authority after November 28, 2016;*
  - *A facility that is newly certified after November 28, 2016;*
  - *A facility that completes* a change of ownership under §489.18 and the new owner does not accept assignment of the existing provider agreement *resulting in* a "new initial certification" for a new provider agreement that is effective after November 28, 2016*; or*
  - *A facility whose* provider agreement was terminated by CMS, and a *new* provider is working to *reenroll in the Medicare program as a newly certified facility effective after November 28, 2016.*
- *Facilities that meet any of the above criteria also must meet the requirements in §483.90(e)(1)(i), which requires accommodation of no more than two residents per bedroom. We note that two conjoined private bedrooms (i.e., single occupancy in each room) with a shared bathroom equipped with at least a commode and a sink (i.e., "Jack & Jill bathroom") are in compliance with §483.90(e)(1)(i) and §483.90 (f). However, if more than one resident resides in either conjoined bedroom, this would no longer be compliant with CMS regulations.*

Infection Prevention & Control

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.

Infection Prevention & Control

- **F880**
- **§483.80 Infection Control**

The facility must establish and maintain an infection prevention and control program designed toprovide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

- §483.80(a) Infection prevention and control program.
- §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases
- §483.80(a)(2) Written standards, policies, and procedures for the program
- §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.
- §483.80(e) Linens
- §483.80(f) Annual review.

Infection Prevention & Control

- **INTENT**
- **The intent of this regulation is to ensure that the facility:**
  - Develops and implements an ongoing infection prevention and control program
  - Establishes facility-wide systems for the prevention, identification, reporting
  - Develops and implements written policies and procedures for infection control
  - Requires staff to handle, store, process, and transport all linens and laundry in accordance with accepted national standards
- **DEFINITIONS**
  - ***"Enhanced Barrier Precautions" (EBP)*** *refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities.*

Infection Prevention & Control

- ***Enhanced Barrier Precautions (EBP)***
  - *EBP are used in conjunction with standard precautions and expands the use of PPE to donning of gown and gloves during **high-contact resident care activities** that provide opportunities for transfer of MDROs to staff hands and clothing*
- *EBP are indicated for residents with any of the following:*
  - *Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or*
  - *Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.*
- *EBP should be used for any residents who meet the above criteria, wherever they reside in the facility.*
- *Facilities **have discretion** in using EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently targeted by CDC.*

Infection Prevention & Control

- *For residents whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities:*
  - *Dressing*
  - *Bathing/showering*
  - *Transferring*
  - *Providing hygiene*
  - *Changing linens*
  - *Changing briefs or assisting with toileting*
  - *Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator*
  - *Wound care: any skin opening requiring a dressing*
- ***Note**: In general, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms, **where contact is anticipated to be shorter in duration**.*
- *Surveyors will evaluate the use of EBP when reviewing sampled residents for whom EBP are indicated and focus their evaluation of EBP use as it relates to CDC-targeted MDROs.*

COVID-19 Immunization

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.

COVID-19 Immunization

- ***F887***
  - ***§483.80 Infection control***
  - ***§483.80(d)(3) COVID-19 immunizations.***
    - *(i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine*
    - *(ii) Before offering COVID-19 vaccine, all staff members are provided with education*
    - *(iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education*
    - *(iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses*
    - *(v) The resident or resident representative, has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision;*
    - *(vi) The resident's medical record includes documentation*
    - *(vii) The facility maintains documentation related to staff COVID-19 vaccination*

COVID-19 Immunization

- ***GUIDANCE***
  - *In order to protect LTC residents from COVID-19, each facility must develop and implement policies and procedures that meet each resident's, resident representative's, and staff member's information needs and provides vaccines to all residents and staff that elect them.*
- ***Education***
  - *All residents and/or resident representatives and staff must be educated on the COVID19 vaccine they are offered, in a manner they can understand, and should receive the Food and Drug Administration (FDA) COVID-19 EUA Fact Sheet for vaccines under an EUA or the CDC Vaccine Information Statement (VIS) for FDA approved vaccines, before being offered the vaccine.*
  - *Education must cover the benefits and potential side effects of the vaccine. This should include common reactions, such as aches or fever, and rare reactions such as anaphylaxis.*
  - *The resident, or resident representative, must be provided the opportunity to refuse the vaccine and to change their decision about vaccination at any time*
- ***Offering Vaccinations***
  - *LTC facilities must offer residents and staff vaccination against COVID-19 when vaccine supplies are available to the facility.*

COVID-19 Immunization

- ***Vaccination Administration***
  - *For residents and staff who opt to receive the vaccine, vaccination must be conducted in accordance with CDC, ACIP, FDA, and manufacturer guidelines*
  - *Administration of any vaccine includes appropriate monitoring of recipients for adverse reactions, and long-term care facilities must have strategies in place to appropriately evaluate and manage post-vaccination adverse reactions.*
- ***Vaccination Adverse Event Reporting***
  - *In accordance with FDA requirements, select adverse events for COVID-19 vaccines must be reported to the Vaccine Adverse Event Reporting System (VAERS)*
- ***Vaccination Refusal***
  - *Residents and their representatives have the right to refuse the COVID-19 vaccine in accordance with Resident Rights requirements at 42 CFR 483.10(c)(6) and tag F578*

COVID-19 Immunization

- ***Documentation***
  - *The resident's medical record must include documentation that indicates, at a minimum, that the resident or resident representative was provided education regarding the benefits and potential side effects of the COVID-19 vaccine, and that the resident (or representative) either accepted and received the COVID-19 vaccine or did not receive the vaccine due to medical contraindications, prior vaccination, or refusal.*
  - *The facility must maintain documentation that each staff member was educated on the benefits and potential side effects of the COVID-19 vaccine and offered vaccination or provided information on obtaining the vaccine unless medically contraindicated or the staff member has already been immunized*

COVID-19 Immunization

- ***INVESTIGATIVE PROCEDURES***
- *Use the Infection Prevention, Control & Immunizations Facility Task, along with the above interpretive guidance, when determining if the facility meets the requirements for, or investigating concerns related to educating and offering COVID-19 vaccines to residents and staff.*
- *If noncompliance is identified with educating and offering residents and staff of COVID19 vaccine, surveyors may need to expand their sample to evaluate the scope of the noncompliance. Once the review is complete, use the following to determine the scope of noncompliance:*
  - *One or two individuals = Isolated*
  - *Three or more individuals, but not pervasive throughout the facility (e.g., less than 50% of residents and/or staff) = Pattern*
  - *A large number (e.g., greater than 50%) of residents and/or staff = Widespread.*
- ***9. Did the facility educate and offer COVID-19 immunization as required or appropriate for residents? Yes No F887***
- ***10. Did the facility maintain staff documentation of screening, education, offering, and current COVID-19 vaccination status? Yes No F887***

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

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 were added.
- 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.

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

- F725
  - §483.35 Nursing Services.
    - The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial wellbeing of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.
  - §483.35(a) Sufficient Staff.
  - §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:
    - (i) Except when waived under paragraph (f) of this section, licensed nurses; and
    - (ii) Other nursing personnel, including but not limited to nurse aides.

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

- F725
  - §483.35(a)(2) Except when waived under paragraph (f) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.
- **INTENT:** To assure that there is sufficient qualified nursing staff available at all times to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, physical, mental and psychosocial well-being.
- **DEFINITIONS**
  - ***"Licensed Nurse"*** *means any nurse that requires the successful completion of a National Council Licensure Examination (NCLEX-PN or NCLEX-RN).*
  - ***"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.*
  - ***"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.*

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

- F725
- GUIDANCE
  - As required under Administration at F838, §483.71 an assessment of the resident population is the foundation of the facility assessment and determination of the level of sufficient staff needed. It must include an evaluation of diseases, conditions, physical or cognitive limitations of the resident population's acuity (the level of severity of residents' illnesses, physical, mental and cognitive limitations and conditions) and any other pertinent information about the residents that may affect the services the facility must provide.
  - The assessment of the resident population *contributes to the identification of* staffing decisions and inform the facility about what skills and competencies staff must possess in order to deliver the necessary care required by the residents being served *on any given day*.
  - *The facility is required to provide licensed nursing staff 24-hours a day, along with other nursing personnel, including but not limited to nurse aides. The facility must also designate a licensed nurse to serve as a charge nurse on each tour of duty.*

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

- F725
  - *Cite this F-Tag only if there is non-compliance related to a facility not providing services by sufficient number of nursing personnel (licensed and non-licensed), not providing licensed nursing staff 24-hours a day, and/or does not have a licensed charge nurse on each tour of duty.*
  - ***INVESTIGATIVE PROCEDURES***
    - *Use the Sufficient and Competent Nurse Staffing Critical Element Pathway, along with the above interpretive guidance, and the procedures below, when determining if the facility meets the requirements for, or investigating concerns related to sufficient staffing.*
    - *When completing the offsite preparation for a recertification survey, the team coordinator must obtain the PBJ Staffing Data Report and evaluate PBJ data submitted by*
    - *While many factors may need to be considered when determining if a facility has sufficient nursing staff to care for residents' needs, as identified through the facility assessment, resident assessments, and as described in their plan of care, the PBJ Staffing Data Report provides very clear and distinct areas that could identify deficient practices.*

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

- F725
  - *The PBJ Staffing Data Report identifies if the facility:*
    - *1. Reported no RN hours (F727);*
    - *2. Failed to have Licensed Nursing Coverage 24-hours/day (F725);*
    - *3. Reported excessively low weekend staffing (F725);*
    - *4. Has a one-star Staffing Rating (F725); and*
    - *5. Failed to submit PBJ data for the quarter (F851).*
  - *Furthermore, the PBJ Staffing Data Report identifies specific infraction dates for when a facility reported they had no RN hours and failed to have a licensed nurse on duty for 24hours in a day.*
    - *1. Review the PBJ Staffing Data Report during offsite prep for every recertification survey or as applicable for abbreviated surveys.*
    - *2. Identify if the facility is triggered for reporting **NO licensed nursing** coverage 24-hours/day.*

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

- F725
  - ***Note:*** *If the facility failed to have licensed nursing coverage 24-hours/day, (e.g., four or more days as indicated by the PBJ Staffing Data Report or for even just one day as indicated through general investigations),* ***F725 must be cited****. 1. Reported no RN hours (F727);*
  - *If the facility did not trigger for any of the 3-staffing metrics on the PBJ Staffing Data Report pertaining to F725, (Failed to have Licensed Nurse Coverage 24-hours/day, Reported Excessively Low Weekend Staffing, or Has a One-star Rating Ratio) then the surveyor must ask generalized questions about the facility's ability to provide sufficient staffing.*
  - *After the Initial Pool and finalized sample of the recertification survey, and as needed during abbreviated surveys, surveyors should follow the interview and observation probes included on the* ***Sufficient and Competent Nurse Staffing Critical Element Pathway*** *while finalizing investigations related to QoL and QoC as well as sufficient staffing.*
  - *If the facility triggered for* ***One Star Staffing Rating,*** *surveyors must interview at least two additional front-line staff (e.g., housekeeping, dietary, and/or maintenance)*
  - *If the facility triggered for* ***Excessively Low Weekend Staffing,*** *surveyors must interview at least two additional front-line staff (housekeeping, dietary, and/or maintenance)*

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

- F725
  - *Additionally, if the facility triggered for Excessively Low Weekend Staffing, then review the Facility Assessment to evaluate if the facility assessed resident needs and acuity to determine the number of qualified staff needed to meet each resident's needs*
  - *During the resident council interview surveyors must ask residents if they receive the help and care they need without waiting a long time. If concerns are identified, the surveyor is directed to the* ***Sufficient and Competent Nurse Staffing Critical Element Pathway*** *where they would follow pertinent probes to verify any non-compliance with sufficient staffing in the facility.*

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

- F725

KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F725, the surveyor's investigation will generally show that the facility failed to do any one of the following:

Ensure there are a sufficient number of skilled licensed nurses, nurse aides, and other nursing personnel to provide care and respond to each resident's basic needs and individual needs as required by the resident's diagnoses, medical condition, or plan of care; **or**

Ensure licensed nurse coverage 24 hours a day, except when waived; *this must be done by utilizing the PBJ Staffing Data Report. If the facility triggers on the report under the category of "No Licensed Staff," a citation at F725 should be issued at a minimum severity and scope of "F;"* **or**

Ensure a licensed nurse is designated to serve as a charge nurse on each tour of duty, except when waived.

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

- F727
- Social Security Act §1919 [42 U.S.C. 1396r]
- ***§1919(b)(4)(C)(i) General requirements.—With respect to nursing facility services provided on or after October 1, 1990, a nursing facility—***
  - ***(II) except as provided in clause (ii),*** **must use the services of a registered professional nurse for at least 8 consecutive hours a day, 7 days a week.**
- ***Social Security Act §1819 [42 U.S.C. 1395i–3]***
  - ***§1819(b)(4)(C) REQUIRED NURSING CARE.—***
  - ***§1819(b)(4)(C)(i) IN GENERAL.—Except as provided in clause (ii), a skilled nursing facility …*** **must use the services of a registered professional nurse at least 8 consecutive hours a day, 7 days a week.**
- §483.35(c)(3) Except when waived under paragraph (f) or (g) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.
- §483.35(c)(4) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.

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

- F727
- ***INVESTIGATIVE PROCEDURES***
  - *Use the Sufficient and Competent Nurse Staffing Critical Element Pathway, along with the above interpretive guidance, and procedures below, when determining if the facility meets the requirements for, or investigating concerns related to Nursing Services.*
  - *During the entrance conference of a survey, the team will request confirmation of a full-time DON. If at any time during the survey, the team identifies concerns with the availability of a full-time DON, further investigation would be warranted (utilize the probes noted below).*
  - ***Probes related to the full-time DON requirements:***
    - *Who does the facility designate as an RN to serve as the DON on a full-time basis?*
      - *If the facility does not provide the name of the person who serves as the DON on a full-time basis, **F727** must be cited at a **minimum of scope and of "F."***
    - *If the facility's average daily census is greater than 60 residents, does the DON serve as the charge nurse?*
    - *If the facility's average daily census is greater than 60 residents, and the facility indicates that the DON does serve as the charge nurse, **F727** must be cited at a **minimum of scope and severity of "F."***

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

- F727
- ***Use of the Payroll Based Journal (PBJ) Staffing Data Report in determining noncompliance:***
- *If the surveyor identifies non-compliance, a level of severity must then be determined. Once the surveyor identifies noncompliance based on the data from the PBJ Staffing Data Report, or the probes for the DON requirements as described above, the surveyor needs to determine if the scope and severity of the noncompliance must be raised above an "F" level citation for F727. The surveyor should utilize the Sufficient and Competent Staffing CE Pathway, and the probes below to identify higher levels of severity at F727. If a higher level of severity is identified, the surveyor may need to reduce the scope of the non-compliance.*
- *For example, if the facility failed to provide the services of an RN for at least 8 consecutive hours a day, a citation of F727 at a severity and scope of F (potential for more than minimal harm that is widespread) would be issued. However, if it is discovered a resident was harmed due to the facility's failure to provide the services of an RN, the citation of F727 would be cited at a severity and scope of G (harm that is isolated).*
- ***Note:** This could assist identifying incidents that occurred directly related to noncompliance with RN staffing requirements, which would warrant an increase in the level of severity of the citation*

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

- F851
- §483.70(p) Mandatory submission of staffing information based on payroll data in a
- uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.
- ***INVESTIGATIVE PROCEDURES***
  - *The team coordinator must follow the steps below:*
    - *Obtain the PBJ Staffing Data Report.*
    - *Identify if the facility triggered for "Failed to Submit Data for the Quarter."*
      - *a. If the facility failed to submit the required PBJ Staffing Data, F851 must be cited as a Severity and Scope of "F".*
  - ***NOTE:** It should be an **extremely rare** circumstance when a facility is not cited if the PBJ data report indicates the facility did not submit PBJ data for the quarter.*

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

- F851

KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F851, the surveyor's investigation will generally show that the facility failed to do any one of the following:

Submit the required staffing information based on payroll data in a uniform format; ***or***

Complete data for the entire reporting period, such as hours paid for all required staff, each day; **or**

Provide accurate data; **or**

Provide data by the required deadline.

What's Next?

- Get prepared for compliance with these revisions as part of your routine survey preparedness processes.
- Download a copy of SOM Appendix PP Advance Copy and review complete revisions as a team.
- Starting **April 28, 2025**, surveyors will begin using the guidance to determine compliance.
- Prepare for survey with the critical element pathways. It's what the surveyors use.
- MDS accuracy is a must. Use it for what it was designed to do.

QUESTIONS?