Reception Room

- **Good morning!** The meeting will start shortly.
- **Participants are muted** on entry.
- **Check the chat box:** Information about the training, including information about how to access captions and view the slides, is available there.
- **To view captions for this event**: You can view captions in Teams by clicking the More (…) button in the Teams window, then “Language and Speech,” and choose "Turn on live captions."
- **If you have any technical issues,** please visit the Microsoft support page for Teams or email Health.HRDCommunications@state.mn.us.

Nursing Home Regulatory Updates
April 2025

Tennessen Warning

- **The Minnesota Department of Health is hosting this joint regulatory training for providers of long-term care and Health Regulation Division staff.**
- **Your comments, questions, and image, which may be private data, may be visible during this event.** You are not required to provide this data, and there are no consequences for declining to do so.
- **The virtual presentation may be accessible to anyone** who has a business or legal right to access it. By participating, you are authorizing the data collected during this presentation to be maintained by MDH.
- **To opt out of the presentation, please exit now.**

Agenda

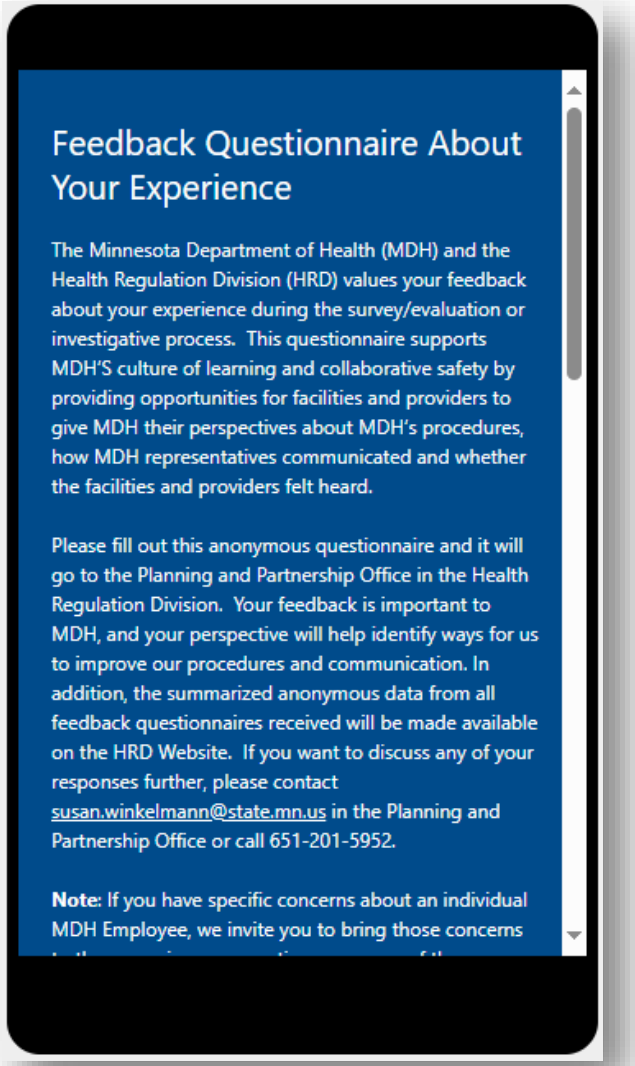
- Updates
- Citations | Complaint Quarterly Review
- Nurse Aide Registry - In Facility Testing
- NHIR – Facility Reportable Incidents

Updates

Sarah Grebenc | Federal Executive Operations Manager

Provider Feedback Questionnaire

- Thank you for continuing to complete HRD's Feedback Questionnaire!
  - Provided during recertification and complaint surveys on the Federal and State side.
  - Goal is to expand to other federal provider types.
- MDH uses the information to make improvements to our processes.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

Ref: QSO-25-14-NH

DATE: March 10, 2025

TO: State Survey Agency Directors

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

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

Memo Revision Information:
Revisions to: *QSO-25-12-NH* ***Original release date:*** *January 16, 2025*

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 *April 28*, 2025.

Effective Date: *Revised to move implementation from March 24, 2025 to April 28, 2025.* Surveyors will begin using this guidance to determine compliance with requirements on surveys beginning *April 28*, 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 updates for Appendix PP and the Long-Term Care Survey Process and revised the effective date of implementation for all new guidance to *April 28*, 2025.

QSO Memo 25-14-NH

- Revised Long-Term Care (LTC) Surveyor Guidance: Significant revisions to enhance quality and oversight of the LTD survey process (PDF) (https://www.cms.gov/files/document/qso-25-14-nh.pdf)
- Implementation date of April 28, 2025.

iQIES

Internet Quality Improvement & Evaluation System

Beginning in May 2021, State Survey Agencies (SAs) and CMS locations began a phased transition to the Internet Quality Improvement and Evaluation System (iQIES), which is an internet-based system that includes survey and certification functions.

iQIES ePOC Training

[Revised: Training Plan for iQIES Launch in Long-Term Care (PDF) (https://www.cms.gov/files/document/admin-info-25-07-nh.pdf)]

Electronic Plan of Correction (ePOC) Training sessions (Approximately 1.5 hours) This training will review the ePOC process from a State Agency "General User's" perspective. Other stakeholders will be given access to publicly facing, on-demand training for ePOC for LTC providers.

iQIES Resources

- iQIES Help (https://iqies.cms.gov/iqies/help)
- iQIES Welcome and Quick FAQs Job Aid (PDF) (https://iqies.cms.gov/iqies/static/assets/Welcome-Letter.8c42a29693e3b9849910.pdf)
- iQIES User Roles Matrix (PDF) (https://iqies.cms.gov/iqies/static/assets/User-Roles-Matrix.9223937ab09dba138673.pdf)
- iQIES Training - You Tube (https://go.cms.gov/iQIES_Training)

Citations |Complaints

Sarah Grebenc | Federal Executive Operations Manager

F880
Infection Control

F684
Quality of Care

F689
Accidents/
Supervision

F812
Food Procurement

F758
Free from
Unnecessary
Medications

Top Tags Cited in 2nd Quarter FFY25

F656
Development of
Comprehensive
Care Plan

F641
Accuracy of
Assessments

F550
Resident Rights

F657
Care Plan Timing and
Revision

F677
ADL Care for
Dependent
Residents

Q2 Infection Control F880

- Enhanced Barrier Precautions
- Overall Surveillance Program
- Transmission Based Precautions
- Hand Hygiene
- Covid
- Glucometers
- Laundry
- Indwelling urinary catheters
- Personal Care Equipment
- Influenza
- Nebulizer tubing
- Norovirus
- RSV
- Whirlpool tub
- Dining/kitchen/Ice packs
- Legionella

Q2 F689 Accidents/Supervision

- Falls
- Elopement
- Mechanical lift
- Air mattress
- Smoking
- Choking Risk
- Oxygen Tanks
- Water Temperature
- Heating Pad
- Chemical Storage
- Burns

Complaints 2nd Quarter FFY25

2122 Complaints & **Facility Report Incidents** (FRI's) received for all provider types.

Nursing homes received **714 Complaints** and **908 FRI's.**

221 Triaged as an **Immediate Jeopardy** (IJ) complaints for all provider types.

176 Were triaged as **IJ for Nursing Homes.**

29 IJ's were identified in nursing homes.

- 7 identified on recertification surveys.
- 22 identified on complaint investigations.

IJs cited in 2nd Quarter FFY25

E0015 Subsistence Needs for Staff and Patients (L)

F800 Infection Control (L)

F602 Free from Misappropriate/Exploitation (K)

F578 Request/Refuse/Discontinue Treatment/Formulate Adv Dir

F678 CPR and Following Advanced Directive

F684 Quality of Care

F689 Free from Accidents/Supervision

F760 Significant Medication Errors

F803 Menus Meeting Resident Needs/Prep in Adv/Followed

F806 Resident Allergies, Preferences, Substitutions

F600 Abuse

In Facility Testing

Brenda Fischer| Regional Operations Manager

Mission:

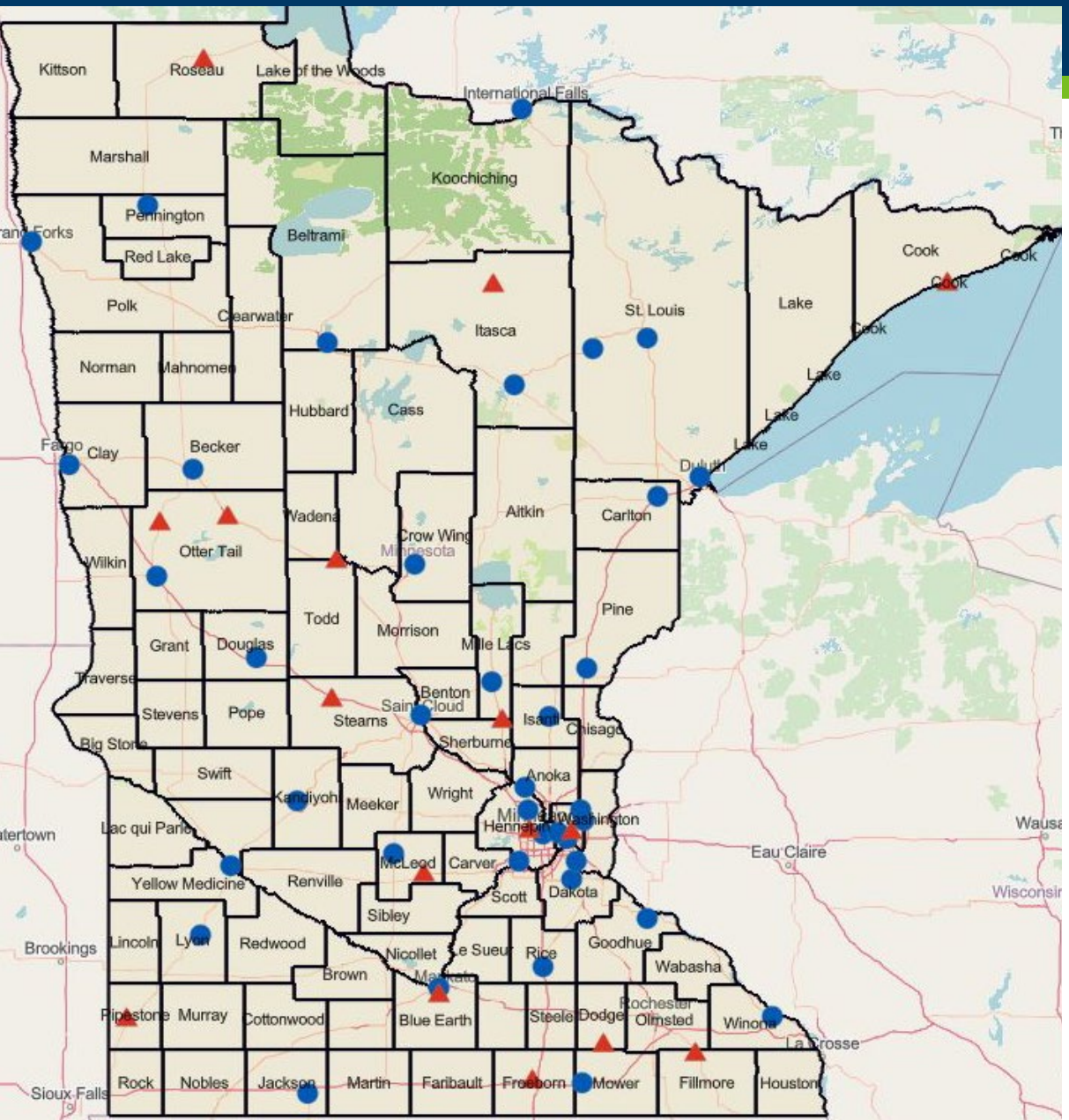
To increase the number of nurse aides in the state of Minnesota to address the acute shortage felt by many employers. Allow widespread testing site opportunities across the state.

Benefits

Testing nurse aide candidates within the facility where the training occurs, candidates may experience:

- A reduction in the distance to travel to an off-site test center.
- An increased comfort level of testing at a familiar location.
- Secure a testing seat more quickly.
- Reduced wait time to test after completing a training program.
- Being placed on the registry and entering the workforce more quickly and effective.
- Recruitment tool to attract new employees.

Nurse Aide Testing Locations



- Nurse Aide Testing Locations
- Blue Circle = Colleges & Universities
- Red Triangle = In Facility locations

Eligibility to Become a Test Site (1/2)

In-Facility testing will be considered for any approved MDH NATCEP Nurse Aide training program involving **federally-certified providers** that meet one of the following criteria:

- Nurse aide training program operated by a federally certified nursing home.
- Corporate nurse aide training program for multiple nursing homes of the same corporation.
- Nurse aide training program operated by an assisted living facility that is under the same umbrella ownership of a nursing home, usually on the same campus and provides supervised practical training in a federally certified nursing home.

Eligibility to Become a Test Site (2/2)

In-Facility testing **does not** include approved training programs operated by colleges within the facility or the following:

- Colleges.
- High schools.
- Independent free-standing programs.
- Assisted living facilities that train staff for their licensed-only facility.

In Facility Testing

- Began in 2022, pilot
  - Positive Candidate Survey
- Two cohorts testing
  - Testing desert
  - Testing outside normal hours
  - Support more than one facility
  - Total: 16 sites

- Success
  - Test sooner
  - Add workforce
  - Nurse Aides, not trained their site
- Challenges
  - Sites not ready, facility closure
  - No plan
  - Limited facility support, one person
  - Not attend MDH &Headmaster office hour meetings

In Facility Test Sites

- Changes:
  - Application updated
  - Specific time frame
  - Readiness
  - Commitment
    - Meeting attendance
  - Mentors other in facility sites

In Facility Test Sites 2025

- MDH accepting applications
- Spring 2025
  - Previous application, re-apply
- Review website for information
- Application (in process)

Nurse Aide Registry Webpage

Nurse Aide Registry (https://www.health.state.mn.us/facilities/providers/nursingassistant/index.html)

In Facility Testing Information

- Requirements to Become an In-Facility Test Site
- Test Options
- Skills Lab Space, Equipment, and Supplies
- Staff Needed to Run a Test Event
- Headmaster TestMaster Universe (testing vendor)

Announcements

Stay tuned to the NAR website for additional information…

NHIR- Facility Reportable Incidents

Lyla Burkman | Regional Operations Triage Supervisor

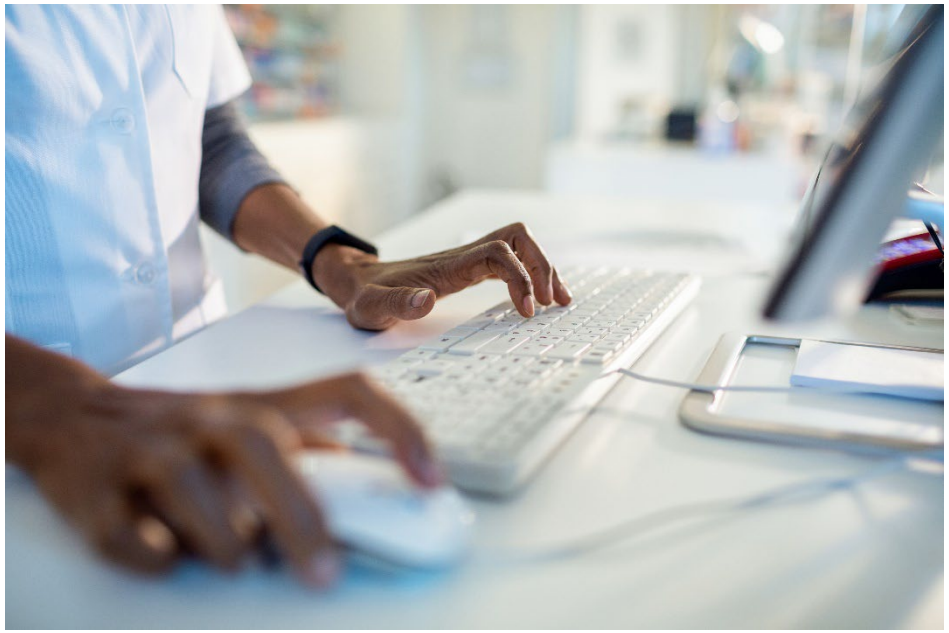
Agenda

We will be discussing scenario-based reporting requirements with rationale.

Statistics

Data collected 10/1/23 through 09/30/24

- Minnesota Facility Reported Incidents (FRI) received per 1000 beds was 42.1%.
- 60% of submitted FRI's were triaged as NAN.
- 11% triaged as potential IJ (40.6% of these resulted in a citation).



Polling Question #1: Resident to Resident

R2 tugged strongly on R1's shirt sleeve from behind. R2 was redirected without incident. R2 had severe cognitive impairment. R1 was cognitively intact and stated they felt R2 was just trying to get around them. No injuries or mental anguish.

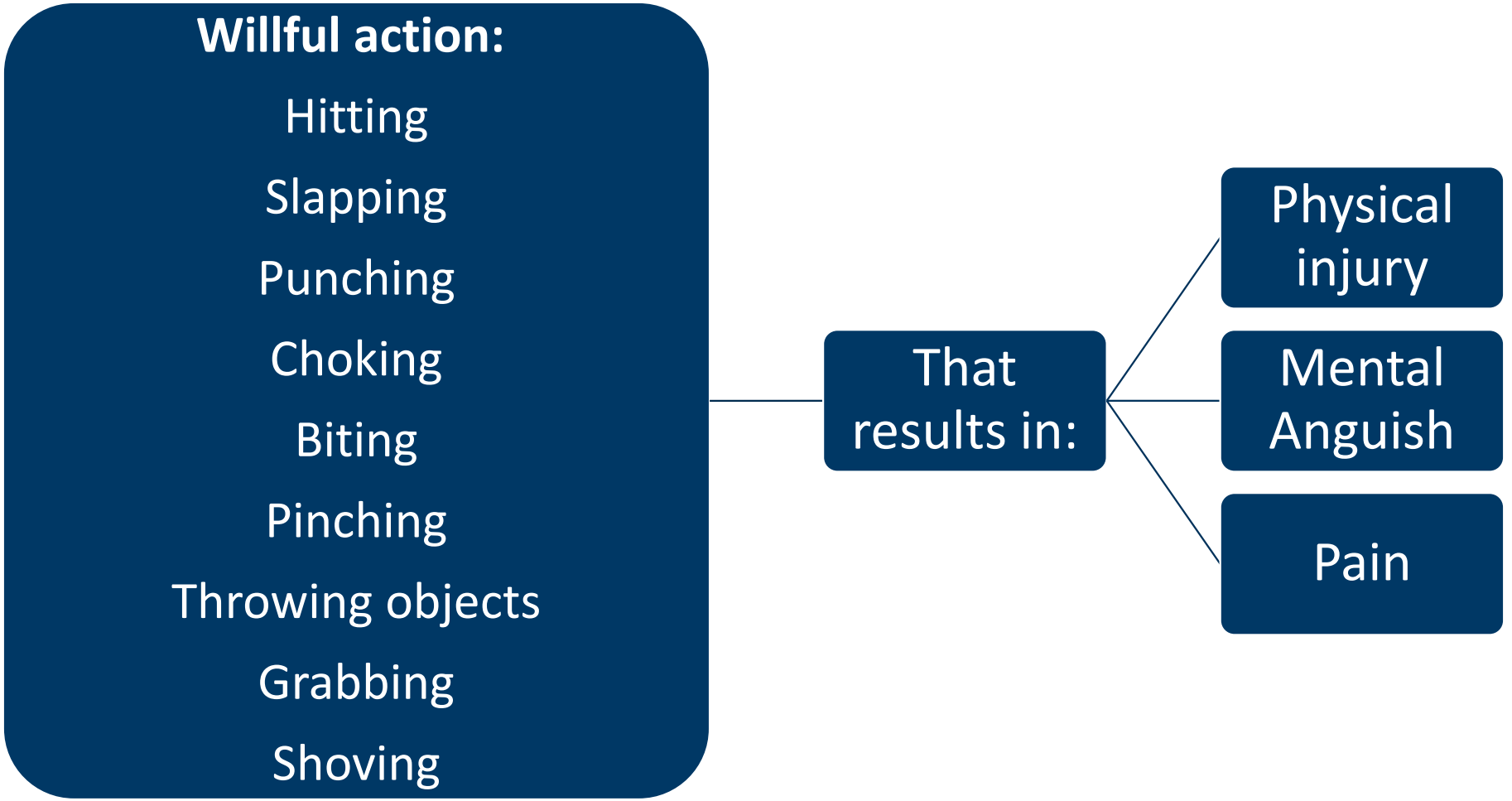
1. Reportable
2. Not reportable

Polling Question #1: Answer

- Not Reportable

- Rationale: Resident-to-resident altercations that must be reported in accordance with the regulations include any **willful action** that results in **physical injury**, **mental anguish**, or **pain**, as defined at §483.5 in SOM.

F609 - Resident to Resident Physical Altercation



Physical Injury

A physical injury resulting from the willful action including, but not limited to, the following:

- Death.
- Injury requiring medical attention beyond first aid (such as a cut requiring suturing or an injury requiring transfer to a hospital for examination and/or treatment).
- Fracture(s), subdural hematoma, concussion.
- Bruises.
- Facial injury(ies), such as broken or missing teeth, facial fractures, black eye(s), bruising, bleeding or swelling of the mouth or cheeks.

Mental Anguish

Psychosocial outcomes resulting from the willful action including, but not limited to, the following:

- Fear of a person or place or of being left alone or of being in the dark, disturbed sleep, nightmares.
- Changes in behavior, including aggressive or disruptive behavior toward a specific person.
- Running away, withdrawal, isolating self, feelings of guilt and shame, depression, crying, talk of suicide or attempts.

Pain

Pain resulting from the willful action including, but not limited to, the following:

- Complaints of pain related to the altercation.
- Onset of pain evidenced by nonverbal indicators, such as groaning, crying, screaming, grimacing, clenching of the jaw, resistance to being touched or rubbing/guarding body part.

Expectation if not Reportable

Even if a physical altercation is not required to be reported, the facility should take into consideration that physical altercations can increase the risk for abuse to occur to residents involved in the altercation, and possibly other residents in the facility. The facility must meet requirements related to appropriate assessment (see § 483.20 – Resident Assessment), care planning by the interdisciplinary team (see § 483.21-Comprehensive Person-Centered Care Planning), and provide care and services according to acceptable standards of practice [see §483.21(b)(3)(i)- Tag F658] to prevent harm as a result of resident to resident altercations, as well as the development and implementation of policies and procedures to prevent abuse of residents [see § 483.12(b)(1)- Tag F607].

Polling Question #2: Resident to Resident

Staff entered room and found R1 shaking R2's forearm back and forth. R1 was told to let go and stated R2 was stealing. Residents were separated. No injury, no mental anguish.

1. Reportable
2. Not reportable

Polling Question #2: Answer

- Not Reportable.
- Rationale: No injury, no mental anguish.

Polling Question #3: Resident to Resident

R1 was heard to yell, “Stop it now!”.

R1’s clothing was messed up and stated, “He just hit me!”.

R1 stated R2 punched her in the chest, knocking the wind out of her. It was a surprise as nothing provoked it. R2 was removed from the area. R1’s chest showed the start of a bruise and states it is very tender.

1. Reportable
2. Not Reportable

Polling Question #3: Answer

- Reportable.
- Rationale: Willful act by resident towards another and injury sustained.

Polling Question #4: Falls

Found R1 on 2 a.m. rounds lying on her back outside of room, head was resting on the leg of a mechanical lift. R1 c/o L hip/inner groin and thigh pain. She hit her head. Had self-transferred and was without her walker. R1 is non-compliant with using call light. Admitted to hospital with hip fracture. Newly admitted, high fall risk score, care plan included PT, Ambulate walker and 1-2 assist and follow with w/c. Anti-rollback on chair, low bed, walker and wc next to bed. Care plan was being followed at time of fall.

1. Reportable
2. Not reportable

Polling Question #4: Answer

- Not reportable.
- Rationale:
  - Assessment had been completed and care plan followed.
  - No neglect suspected.
  - Ensure you completed a comprehensive fall risk assessment and care planned interventions based upon the assessment.

Reportable Events Related to Potential Neglect

- "Neglect," means "the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress." (See §483.5).
- Neglect occurs when the facility is aware, or should have been aware of, goods or services that a resident(s) requires but the facility fails to provide them to the resident(s), resulting in physical harm, pain, mental anguish or emotional distress. Alleged violations of neglect include cases where the facility demonstrates indifference or disregard for resident care, comfort or safety, resulting in physical harm, pain, mental anguish or emotional distress.
- Consider psychosocial outcome - how would reasonable person respond?

Polling Question #5: Falls

Heard loud noise, found R1 on the floor leaning against the wall, R1 stated he hit his head. R1 had pain in ribs and arm and had sustained a skin tear. R1 was sent to the ER and found to have a subarachnoid hemorrhage. No indication in initial report of fall risk, care planning or implementation of interventions.

1. Reportable
2. Not Reportable

Polling Question #5 Answer

- Unknown - Did not have enough information in the report.
- No call returned from the facility.
- Resulted in IJ issued as no assessment, or care plan based upon an assessment even though resident had prior falls and prior head injuries.

Polling Question #6: Diet

Resident was given sausage and toast when they were on dysphagia diet that was to include ground meat and no bread. Also was to wear dentures and they were not in. Staff left to get dentures and resident ate the toast and sausage. Was vomiting and short of breath and desaturated and required treatment at ER and was hospitalized.

1. Reportable
2. Not Reportable

Polling Question #6: Answer

- Reportable.
- Rational:
  - Care plan and diet were not followed causing harm to the resident.
  - Would be considered neglect.

Polling Question #7: Falls

Nurse heard loud bang, found R1 lying on floor in her room. R1 c/o right hip pain and upper right arm pain. Did not hit head. Unable to move right leg. R1 stated they had been turning out the light and thought they were by the bed, went to get in the bed and fell to the floor. Hospitalized with hip fracture. R1 had been assessed and care planned to be independent with mobility and ambulation.

1. Reportable
2. Not Reportable

Polling Question #7: Answer

- Not reportable.
- Rational: Was independent for transfers/ambulation and care plan was followed.

Polling Question #8: Unresponsive Resident

R1 was found unresponsive at HS with BS 32. Attempted to provide juice/sugar was not successful. Glucagon 1 mg IM administered. No response, recheck at 10 minutes was 33. Glucagon repeated and BS remained 33. 911 called.

BS at 7 a.m. was 97, at noon was 144 and 82 at 5 p.m. Each time on this day the insulin was given to R1. It was noted R1's physician orders directed to hold insulin if BS less than 150. However, 3 times on this day the insulin was given when their BS less than 150.

Resident hospitalized for 3 days, requiring treatment for hypoglycemia.

1. Reportable
2. Not Reportable

Polling Question #8: Answer

- Reportable.
- Rational: Clear example of neglect when physician order was not followed, and resident became unresponsive requiring hospitalization and treatment.

Polling Question #9: Financial

Resident lost insurance and Medicaid due to late receipt of financial information related to personal property. Resident has failed to pay for medical and facility services owing $84,000. Questionable misappropriation by the POA. Resident being given 30-day notice.

1. Reportable
2. Not Reportable

Polling Question #9: Answer

- Not reportable through NHIR.
- Rational: You want to report this through the MAARC system. The county is the lead investigative agency for this type of occurrence, as well as resident self-neglect.

Polling Question #10: Injury of Unknow Source

Noted bruising of left shoulder, and pain with ROM. X-ray revealed fractured clavicle. Last fall was 2 months prior. Resident cognitively impaired and unable to state what happened.

1. Reportable
2. Not reportable

Polling Question #10: Answer

- Reportable injury of unknow origin.
- Rational: In this situation, the investigation revealed the resident had fallen the day before and the nurse neglected to assess and document.

Injuries of Unknown Source

Injury of Unknown Source meets all the following criteria:

- The source of the injury was not observed by any person; and
- The source of the injury could not be explained by the resident; and
- The injury is suspicious because of:
  - The extend of the injury, or
  - The location of the injury (not generally vulnerable to trauma), or
  - The number of injuries observed at open particular point in time, or
  - The incidence of injuries over time.

Injuries of unknown source – not reportable

- Bruising in an area where the resident has had recent medical tests/lab draws and there is no indication of abuse or neglect.
- Injuries where the resident was able to explain or describe how he/she received the injury as long as there is no other indication of abuse or neglect.
- Injuries that were witnessed by staff, where there is no indication of abuse or neglect.

NOTE: Even if the injury is not one that requires a report, the facility should adequately assess and monitor the resident, notify the physician/resident representative as appropriate, and document the injury and investigation as a part of the resident's medical record.

Polling Question #11: Theft

R1 reported 2 missing gift cards, each worth $50.

1. Reportable
2. Not Reportable

Polling Question #11: Answer

- Reportable.
- Rational: As misappropriation.

Polling Question #12: Theft

- It was noted 10 residents with oxycontin have the med signed out in the narcotic book but not documented on the MAR. Suspect nurse XXX of drug diversion.

1. Reportable
2. Not Reportable

Polling Question #12: Answer

- Reportable.
- Rational:
  - This falls under misappropriation of resident property.
  - It may also fall under neglect if residents did not receive their medication, in this case, if they had pain or other distress due to missing medications.

Polling Question #13: Staff Rough

R1 was visibly distressed and reported the NA was rough with her this morning and R1 felt she was going to be harmed. When asked to describe what “rough” meant, R1 stated the NA sprayed her in the face with cold water during her shower and “squeezed my arms” during transfer.

1. Reportable
2. Not Reportable

Polling Question #13: Answer

- Reportable.
- Rational: See SOM. Most allegations of staff to resident abuse are reportable.

Resources (1/3)

State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities (PDF) (https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf)
- specifically 483.12 Freedom from Abuse, Neglect and Exploitation

- F600 Free from Abuse and Neglect
- F602 Free from Misappropriation/Exploitation
- F603 Free from Involuntary Seclusion
- F604 Right to be Free from Physical Restraints
- F605 Right to be Free from Chemical Restraints
- F606 Not Employ/Engage Staff with Adverse Actions
- F607 Develop/Implement Abuse/Neglect/etc. Policies
- **F609 Reporting of Alleged Violations**
- F610 Investigate/Prevent/Correct Alleged Violations

Resources (2/3)

Reference all other areas of the SOM to assist in determining if neglect has occurred. Any area of the SOM Appendix PP could result in an allegation of neglect. Some examples, but not limited to include:

- F678 Cardio-Pulmonary Resuscitation
- F684 Quality of Care
- F686 Treatment /Services to Prevent/Heal Pressure Ulcers
- F688 Increase/Prevent Decrease in ROM/Mobility
- F689 Free of Accident Hazards/Supervision/Devices
- F692 Nutrition/Hydration Status Maintenance
- F697 Pain Management

Resources (3/3)

- Nursing Homes | CMS (https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes)
- Quality Safety and Education Portal (QSEP) (https://qsep.cms.gov/welcome.aspx)

Thank You!

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Karen Aldinger, RN | Regional Operations Manager

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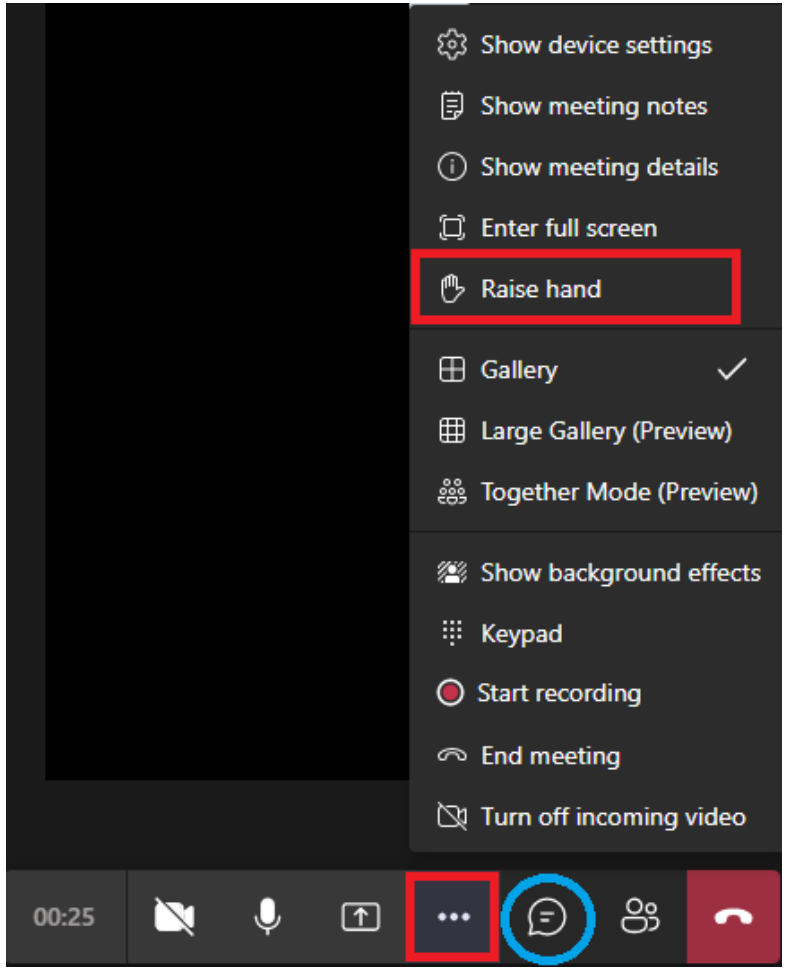
651-201-3794

How to Ask a Question for Q & A

- **Participants are muted.** We will answer as many questions as we can at the end of the presentation.
- **Two ways to ask a question** or provide a comment:
  1. Raise your hand (**outlined in red**).
  2. Click the Chat bubble (**circled in blue**) to open the chat.
- For phone attendees, press ***5** to raise your hand, and ***6** to unmute/mute yourself.
- **We will select speakers** in order and add questions from the chat at the end of the presentation.



Questions?

Thank You!!!

Sarah Grebenc | Sarah.Grebenc@state.mn.us