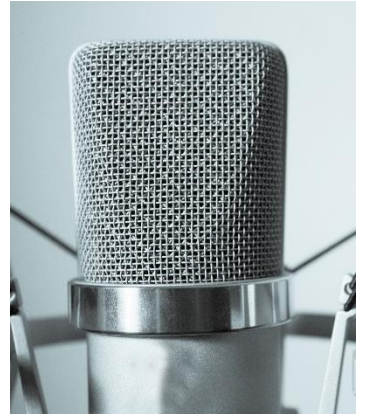


Reception Room

- **Good morning!** The meeting will start shortly.
- **Participants are muted** on entry.
- **Check the Q&A Tab:** 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 2026

Tennessees 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.**

- Top citations and complaint data for Quarter 2 of Fiscal Year 2026
- Updates to Special Focus Facilities
- Engineering updates
- Admission orders to Nursing Homes
- Updates to Chapter 5 and 7



Citations | Complaints

Sarah Grebenc | Federal Executive Operations Manager

Top Tags Cited in 2nd Quarter

F605
Right to be
Free from
Chemical
Restraints

F628
Discharge
Process

F880
Infection
Control

F684
Quality of
Care

F677
ADL Care for
Dependent
Residents

F656
Develop Care
Plan

F812
Food
Procurement

F689
Accidents/
Supervision

F657
Care Plan
Revisions

F686
Treatment to
Prevent
Pressure
Ulcers

Complaints 2nd Quarter FFY26

- **1447 Complaints & Facility Report Incidents (FRI's)** received for nursing homes.
 - 679 Complaints
 - 768 FRI's
- 154 were triaged as IJs for Nursing Homes.
- 16 IJ's were identified in nursing homes.
 - 1 identified on recertification survey.
 - 15 identified on complaint investigations.

IJs cited in 2nd Quarter FFY26

F600 Free from Abuse

F678 Cardio-Pulmonary Resuscitation

F684 Quality of Care

F686 Treatment/Services to Prevent
Pressure Ulcers (K)

F689 Free from Accidents/Supervision

F755 Pharmacy Services

F760 Significant Medication Errors

F803 Menus Meet Resident Needs and
diet followed

F805 Food to Meet Individual Needs

F808 Therapeutic Diet Prescribed by
Physician

F880 Infection Control (K)

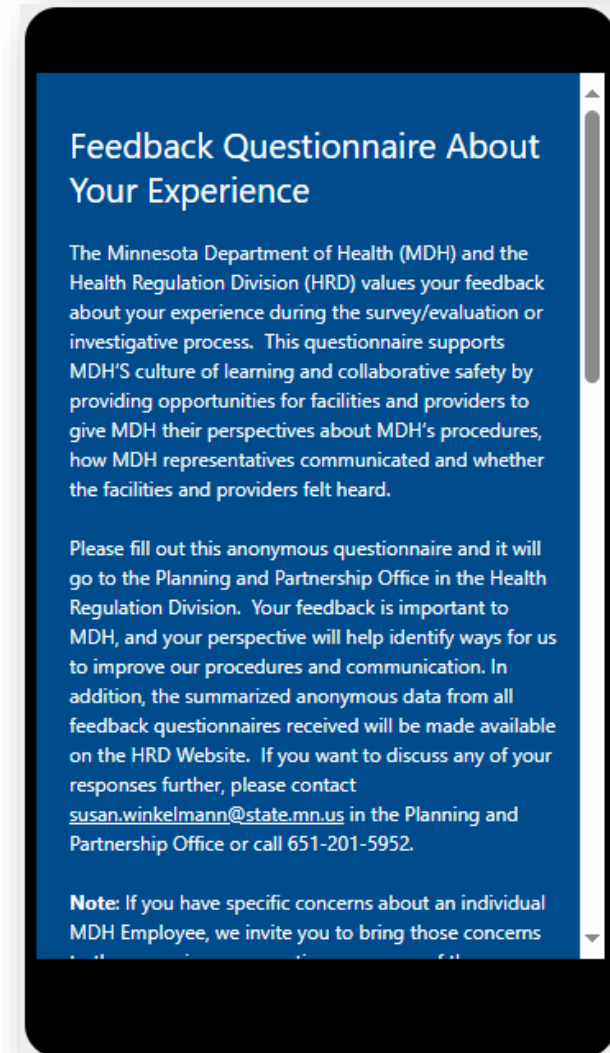


MDH Updates

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



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

Ref: QSO-23-01-NH **REVISED**

DATE: January 28, 2026
TO: State Survey Agency Directors
FROM: Director, Quality, Safety & Oversight Group (QSOG)
SUBJECT: **REVISED:** Revisions to the Special Focus Facility (SFF) Program

Memo Information:

Memo revision date: 2026-01-28
Memo revision date: 2023-09-27
Original release date: 2022-10-21

Memorandum Summary

The Centers for Medicare and Medicaid Services (CMS) is committed to protecting nursing home residents in the poorest performing nursing homes and holding these facilities accountable. To that end, CMS is strengthening the Special Focus Facility (SFF) program by addressing the following:

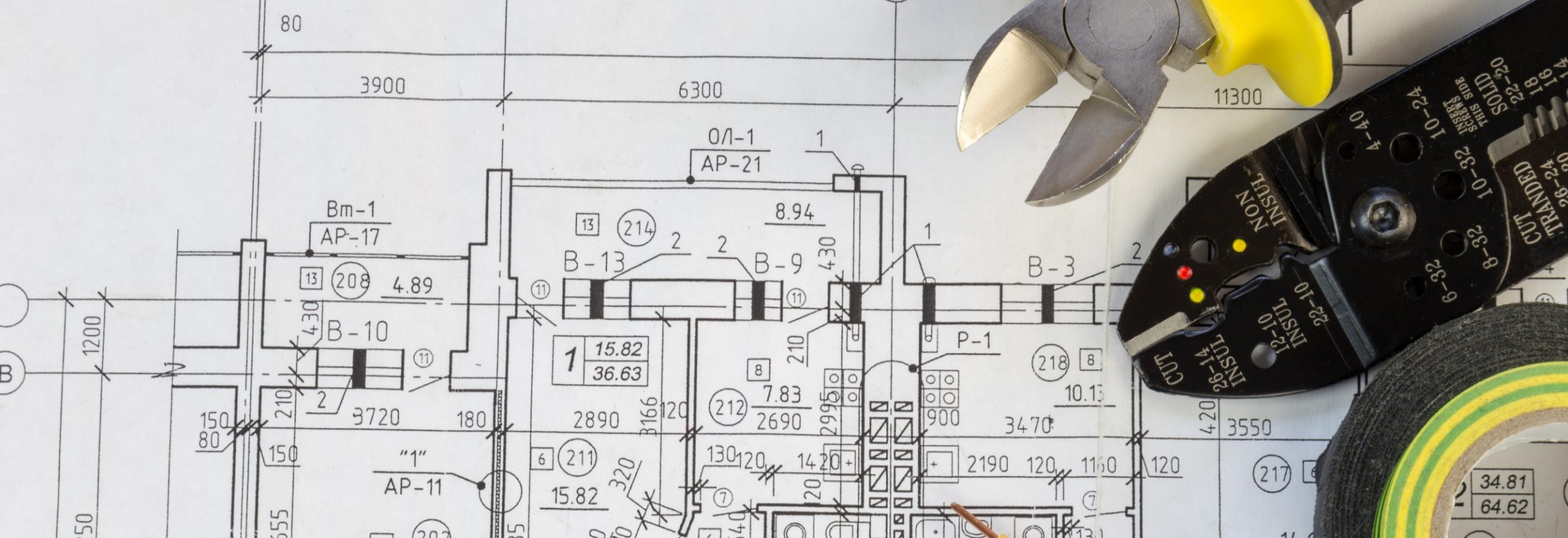
- **SFF Selection Criteria:** *CMS is revising the focus area for selection to emphasize the prevalence of falls among the resident population when considering facilities for SFF selection.* In addition to health inspection scores, State Agencies may consider facility *falls* staffing data when selecting new SFFs.
- **Graduation from the SFF Program:** The criteria for successful program completion will be revised and clarified to foster rapid and sustained improvements for SFFs and to mitigate "yo-yo" noncompliance.
- **Enforcement:** More severe, escalating enforcement remedies will be imposed on SFF program facilities that demonstrate continued noncompliance and little or no effort to improve performance. *Further, oversight will be strengthened by reducing survey predictability.*
- **Termination Criteria:** An added criterion clarifies that facilities cited with Immediate Jeopardy deficiencies on any two surveys while in the SFF program may face discretionary termination from the Medicare and/or Medicaid programs.
- **Post-Graduation:** A three-year post-graduation monitoring period will track graduates for sustained compliance. Facilities that relapse into poor performance may face enhanced enforcement options.

QSO Memo UPDATES

REVISED: Revisions to the Special Focus Facility (SFF) Program | CMS

CMS is **revising the focus area** for selection to emphasize the **prevalence of falls** among the resident population when considering facilities for SFF selection.

Enforcement: More severe, escalating enforcement remedies will be imposed on SFF program facilities that demonstrate continued noncompliance and little or no effort to improve performance. **Further, oversight will be strengthened by reducing survey predictability.**



Plan Review in Nursing Homes

Bob Dehler | Engineering Manager

- Why do we review plans?
- What are the plan review requirements for nursing homes?
- What projects does MDH engineering not review?
- What projects does MDH engineering need to review?
- How to submit plans.
- Website.

Why do we do plan reviews

- MDH engineering looks at plans to help provider stay in compliance with licensure and certification requirements.
- There are a lot of codes that any construction must meet, and an architect/engineer is needed to ensure compliance with all codes. (LSC and Rules 4658)
- Our review helps catch non-complaint situations before construction starts and code compliance gets expensive.



Current Plan Review Requirements for Nursing Homes

- **4658.4005** Final working drawings and specifications for proposed construction must be submitted to the commissioner for review and approval.
- **4658.4000** says architectural and engineering plans must be prepared and signed by architects and engineers.
- **4658.3005 Subp. 7.** Replace-in-kind. The department must be notified in writing prior to all replace-in-kind projects, except in the case of an emergency. Changes in space required for the replacement equipment must be only to the extent required by the newer equipment.
- **4658.0010 Subp. 13c.** Replace-in-kind. "Replace-in-kind" means the removal of mechanical or electrical equipment or construction materials from facility space and subsequent installation of new or used equipment or construction materials with similar operating capability, function, and physical composition.

Nursing Home Design Requirements

NFPA®
101®

Life Safety Code®
2018



- When you hire an architect to develop plans for any construction, they will determine the appropriate classification of work and design appropriately.
- A common area the designer should go to is the 2012 edition of NFPA 101. This code defines the classification of rehabilitation work categories.
- The architect will define that work category and that category will define what work needs to be done.

Projects MDH Engineering does NOT Review

What is a construction project that MDH would not need to review?

- Patching, restoration, or painting for the purpose of maintaining those elements in good condition.
- Patch hole in drywall, paint walls or other elements, replace a ceiling tile.
- “Replace-in-kind” projects must at least notify the department in writing in accordance with 4658.3005. Could be a letter but usually we see plans as part of larger project.

What Does MDH Engineering Review

What projects would MDH Engineering review?

- Any project that is not classified as a repair by your architect.
- Replacing flooring in a common area or corridor or floor or building.
- Generally, if you are getting a building permit for the work, you will need to submit plans to us for review.
- Replacement of water heater/boiler (submit same information in plumbing permit).
- Entire project that includes changes to electrical, plumbing or mechanical systems.
- Entire project that includes any work on life safety elements like smoke alarms, smoke detectors, ceiling replacement, door replacement.
- Any replacements that update function or different from equipment being replaced.

How to submit plans

The screenshot shows the Minnesota Department of Health website. The header includes the MDH logo and navigation links for 'About Us', 'News & Stories', and 'Translated Materials'. A search bar is present. The main navigation menu includes categories like 'Data, Statistics, and Legislation', 'Diseases and Conditions', 'Health Care Facilities, Providers, and Insurance', 'Healthy Communities, Environments, and Workplaces', and 'Individual and Family Health'. The breadcrumb trail reads: Home > Health Care Facilities, Providers and In... > Facility Certification, Regulation and Li... The page title is 'ENGINEERING SERVICES' and the main heading is 'ENGINEERING Construction Plan Submittal Process for Healthcare Facilities'. The text explains that the Engineering Services team does final plan reviews for construction of new spaces and modifications to existing spaces. It states that a license application and fee must be submitted to 'Licensing and Certification' at MDH. Once processed, a health facility identification (HFID) number will be assigned. The final plan review process cannot commence without the HFID number. A link is provided for 'Exceptions'. The 'Instructions' section lists the components of a complete Construction Plan Submittal Package: a completed 'Construction Plan Submittal Form for Healthcare Facilities (PDF)', one writable PDF copy of the certified (in accordance with MN. Rule 1800.4200) final construction plans, and a check payable to the 'Commissioner of Finance, Treasury Division' in the amount specified by MN Statute 144.554: Health Facilities Construction Plan Submittal and Fees. The check must be accompanied by a copy of the Submittal Form. A 'CONTACT INFO' box provides the Engineering Services Section phone number (651-201-4200) and email (health.healthcareengineers@state.mn.us).

- Generally, architects will submit the plans for engineering review.
- Go to following website for submittal form and process: [Construction Plan Submittal Process for Healthcare Facilities \(https://www.health.state.mn.us/facilities/regulation/engineering/plansubmittal.html\)](https://www.health.state.mn.us/facilities/regulation/engineering/plansubmittal.html)
- Follow directions for submittal and it will go to MDH queue for review in the order they are received.



2020

MINNESOTA BUILDING CODE

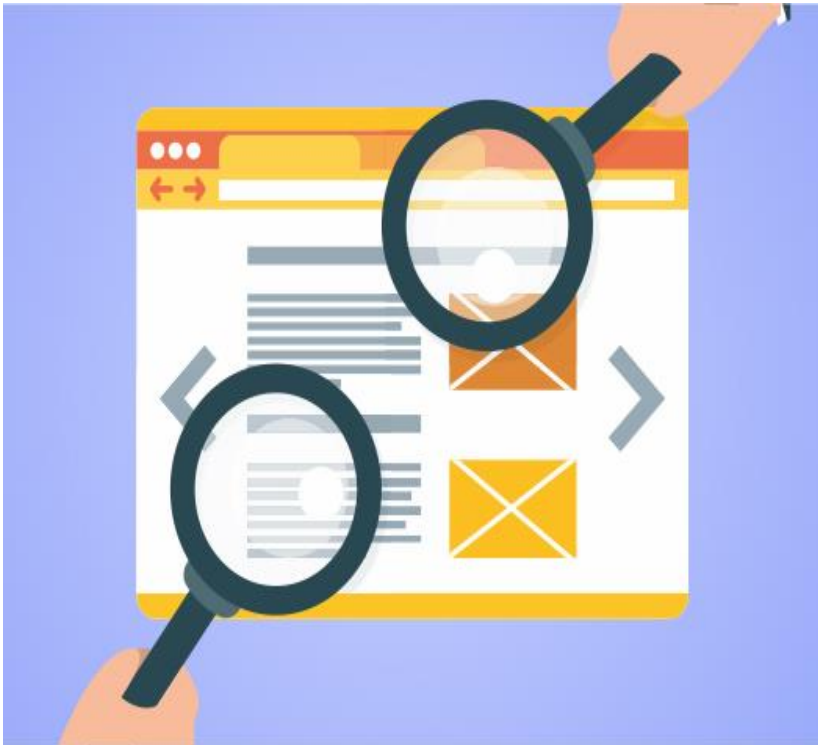


mi DEPARTMENT OF
LABOR AND INDUSTRY

MDH and DLI

- Don't forget that all construction in licensed healthcare facilities requires a Department of Labor and Industry (DLI) review.
- Generally, DLI will review to the Minnesota State Building Codes and MDH Engineering will review to rules 4658 and NFPA 101.
- Remember that compliance with MDH and DLI is not an either/or. It is both.

MDH Engineering Website



- Keep checking the website. We are completely redoing our engineering website.
- One improvement we are making is breaking out requirements for each facility type so most information that you would need for assisted living will be in one location.



Admission Orders to Nursing Homes

Sarah Grebenc | Federal Executive Operations Manager

Admission Orders

F635 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17).

§483.20(a) Admission orders: At the time each resident is admitted, the facility must have physician orders for the resident's immediate care.

INTENT §483.20(a) To ensure each resident receives necessary care and services upon admission.

F712 (Rev. 211; Issued: 02-03-23; Effective: 10-21-22; Implementation: 10-24-22).

§483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all require physician visits must be made by the physician personally.

Table 1: Authority for Non-Physician Practitioners to Sign Orders when Permitted by the State

	Initial Comprehensive Visit	Admission Orders*	Other Required Visits & Orders^	Other Medically Necessary Visits & Orders+	Certification/ Recertification ±
SNF					
PA, NP & CNS employed by the facility	May not perform	May not provide	May perform alternate visits and sign	May perform and sign	May not sign
PA, NP & CNS not a facility employee	May not perform	May not provide	May perform alternate visits and sign	May perform and sign	May sign as permitted under State laws.
NF's					
PA, NP, & CNS employed by the facility	May not perform	May not provide	May not perform or sign	May perform and sign	Not applicable
PA, NP, & CNS not a facility employee	May perform	May provide*	May perform and sign	May perform and sign	Not applicable

Follow up on Chapter 5 and 7 Updates

- Slides on NH Webinar page
- Updates to Chapter 5 and 7
- [Nursing Homes: Regulatory Updates \(https://www.health.state.mn.us/facilities/regulation/nursinghomes/training.html\)](https://www.health.state.mn.us/facilities/regulation/nursinghomes/training.html)



Questions?



Thank You!!!

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