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."
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Nursing Home Regulatory Updates
October 2026

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.
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Agenda

- Top Citations and Complaint Data for Q4 FY 2026
- CMS Risk Based Survey (RBS)
- MDH Updates
- Legislative Changes
- Legionella
- CDC Updates: Employee Return to Work, Respiratory Illness, and Vaccine Updates
- Robotics in CMS Certified Nursing Facilities
- Questions



Citations | Complaints

Karen Aldinger | Federal Regional Operations Manager

Top Tags Cited in 4th Quarter

F689 Accidents and supervision	F684 Quality of Care	F880 Infection Control	F812 Food Procurement	F686 Pressure Ulcers
F656 Care Plan	F609 Reporting of Violations	F641 Accuracy of Assessment	F677 ADL Dependent Resident	F580 Notification of Change

Complaints 4th Quarter FFY26



- **1599 Complaints** & **Facility Report Incidents** (FRI's) received for nursing homes.
  - 760 Complaints
  - 839 FRI's
- 162 were triaged as IJs for Nursing Homes.
- 196 were triaged as NIJH for Nursing Homes
- 16 IJ's were identified in nursing homes.
  - All 16 identified on complaint investigations.

IJs cited in 4th Quarter FFY26

F689 Accidents/supervision

F600 Free from Abuse

F610 investigate/prevent/correct allegation

F684 Quality of Care

F740 Behavioral Health Services

F803 Menus Meet Resident Needs and diet followed

F805 Food in form to meet individual needs

F812 Food Procurement

F925 Effective Pest Control



DEPARTMENT OF HEALTH

Risk Based Survey (RBS)

Karen Aldinger | Regional Operations Manager

Risk Based Survey Data and Update

- MN was one of the 22 pilot states selected to conduct the RBS survey.
- RBS are conducted on facilities based on high-performance criteria.
- MN conducted 34 RBS surveys in FY26 to date.



Exclusions for RBS Survey

- ✓ Less than a 5-Star Overall Rating.
- ✓ Less than a 2-star Staffing Rating.
- ✓ Any citation(s) cited at harm, immediate jeopardy, or Substandard Quality of care in the last survey cycle.
- ✓ More than 18 months without a standard survey.
- ✓ Any type of staffing waiver.

- ✓ Failed Payroll-Based Journal data audit.
- ✓ Failed Minimum Data Set audit.
- ✓ Health inspection score higher than 50% in the state (lower score is better).
- ✓ 2 or more residents aged 65 or older with new diagnosis of schizophrenia after admission.
- ✓ New Change of Ownership.
- ✓ Special Focused Facility Candidate.

Difference between Full Survey vs RBS

Full survey

- Screen ALL residents in the facility.
- CMS sample size preselected according to census.
- Complete multiple required facility tasks.
- Ombudsman concerns utilized like “extra information”.

RBS Survey

- Screen only selected residents.
- Much smaller number of residents to include in the investigations.
- Only one required task; Infection Control.
- Ombudsman concerns added to the sample of investigations and FULLY investigated.



MDH updates

Kathy Lucas | Federal Regional Operations Manager

Scope and Severity Grid

	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	**J** PoC Required	**K** PoC Required	**L** PoC Required
Actual harm that is not immediate	**G** PoC Required	**H** PoC Required	**I** PoC Required
No actual harm with potential for more than minimal harm that is not immediate jeopardy	**D** PoC Required	**E** PoC Required	**F** PoC Required
No actual harm with potential for minimal harm	**A** **No** PoC Required No remedies Commitment to Correct	**B** PoC Required	**C** PoC Required

Federal Regulatory Groups for Long Term Care

*Substandard Quality of Care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red

** Tag to be cited by Federal Surveyors Only

F540	Definitions	483.12	Freedom from Abuse, Neglect, and Exploitation	483.24	Quality of Life
483.10	Resident Rights	F600	*Free from Abuse and Neglect	F675	*Quality of Life
F550	*Resident Rights/Exercise of Rights	F602	*Free from Misappropriation/Exploitation	F676	*Activities of Daily Living (ADLs)/ Maintain Abilities
F551	Rights Exercised by Representative	F603	*Free from Involuntary Seclusion	F677	*ADL Care Provided for Dependent Residents
F552	Right to be Informed/Make Treatment Decisions	F604	*Right to be Free from Physical Restraints	F678	*Cardio-Pulmonary Resuscitation (CPR)
F553	Right to Participate in Planning Care	F605	*Right to be Free from Chemical Restraints	F679	*Activities Meet Interest/Needs of Each Resident
F554	Resident Self-Admin Meds-Clinically Appropriate	F606	*Not Employ/Engage Staff with Adverse Actions	F680	*Qualifications of Activity Professional
F555	Right to Choose/Be Informed of Attending Physician	F607	*Develop/Implement Abuse/Neglect, etc. Policies	483.25	Quality of Care
F557	Respect, Dignity/Right to have Personal Property	F609	*Reporting of Alleged Violations	F684	Quality of Care
F558	*Reasonable Accommodations of Needs/Preferences	F610	*Investigate/Prevent/Correct Alleged Violation	F685	*Treatment/Devices to Maintain Hearing/Vision
F559	*Choose/Be Notified of Room/Roommate Change			F686	*Treatment/Svcs to Prevent/Heal Pressure Ulcers

CMS Clarifications - Pattern Level Citation

7203.3.2 Determining Health Scope of Deficiencies (Rev.)

- Scope is a pattern when more than a very limited number of residents are affected, and/or more than a very limited number of staff are involved, and/or the situation has occurred in several locations of the facility, **and/or the same resident(s) have been affected by repeated occurrences of the same deficient practice.** The effect of the deficient practice is not found to be pervasive (affect many locations) throughout the facility.

Citing at a Pattern Scope When One or More Resident(s) may be affected

Pattern level examples might include:

- One resident failed to receive ordered medications on 4 or more occasions.
- Two residents with pressure ulcers failed to have a dressing change completed on 4 or more days in the month of October.
- Three residents with CHF, with ordered daily weights, failed to have weights completed on four or more days in the month of October.
- One resident was verbally abused on numerous occasions, with no interventions in place to protect the resident.

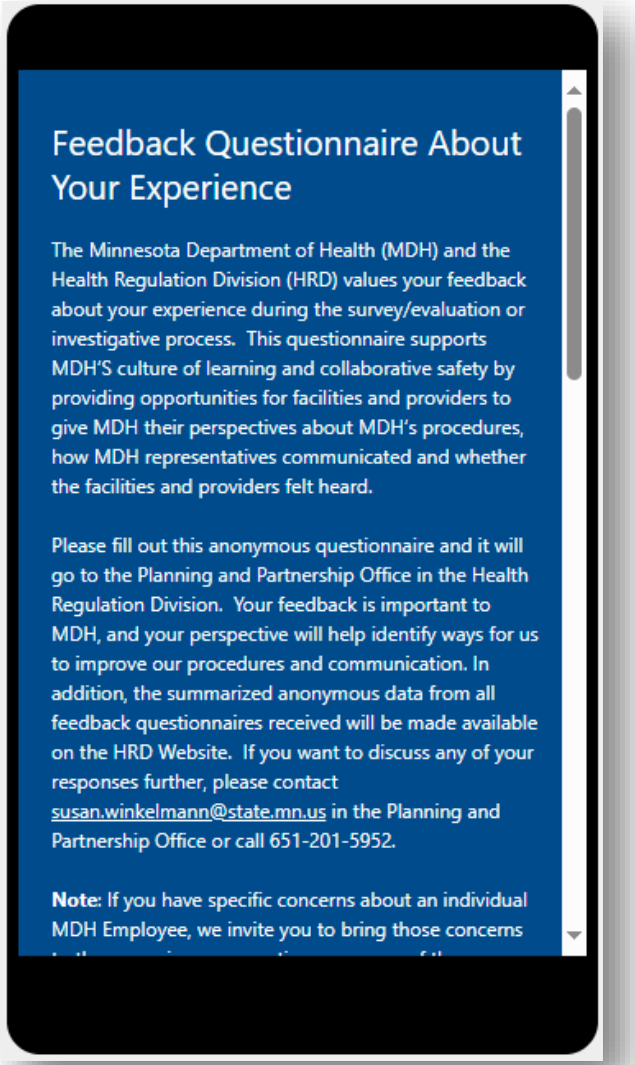
CMR and NHIR Portal updates

- Case Mix Review Portal
- Nursing Home Incident Reporting
- Will need to reset password



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.





Legislative Changes

Kathy Lucas RN | Regional Operations Manager

Update to State Statute

- ARTICLE 3-DEPARTMENT OF HEALTH POLICY
- **[144A.104] PROHIBITED CONDITION FOR ADMISSION OR CONTINUED RESIDENCE.**
- (a) A nursing home is prohibited from requiring a current or prospective resident to have or obtain a guardian or conservator as a condition of admission to or continued residence in the nursing home.
- (b) Nothing in this section may be construed to prohibit, limit, or otherwise affect section 524.5-303 or 524.5-403.
- **EFFECTIVE DATE.**
- This section is effective August 1, 2026.

QSO Memo’s

QSO-26-12-NH Revised

- **Date:** September 11, 2026,
- **Subject:** REVISED Payroll Based Journal (PBJ) Transition to iQIES
- **Summary:**
  - The Payroll-Based Journal (PBJ) system will transition into the Internet Quality Improvement & Evaluation System (iQIES) on August 17, 2026.
  - Beginning August 17, 2026, all PBJ staffing data must be submitted through iQIES. Reporting requirements and quarterly deadlines will not change.
  - Updated PBJ Policy Manual and PBJ Policy FAQ have been posted to reflect the iQIES transition of PBJ. Staffing Data Submission Payroll Based Journal (PBJ) | CMS



Legionella

Shannon Gilb| Regional Operations Manager

Legionellosis Prevention and Water Management

- Legionellosis outbreaks often originate in water systems where water can stagnate and allow bacteria like Legionella to grow.
- LTC facilities are at increased risk because residents may be exposed to aerosolized water from showers, sinks and cooling systems.
- Transmission occurs mainly through inhalation of contaminated aerosols; aspiration of drinking water or ice is less common.

Key Requirements

- Facilities must have a documented water management program that minimizes the risk of *Legionella* and other opportunistic waterborne pathogens. Programs must follow nationally accepted standards such as ASHRAE, CDC, and EPA guidance.



A Water Management Program Must Include

- **Assessment:** Identify areas in the building's water systems where pathogens could grow or spread (e.g., storage tanks, dead legs, cooling towers). Use written descriptions and flow diagrams.
- **Control Measures:** Steps taken to prevent growth, such as maintaining disinfectant levels, temperature control, and performing visible inspections.
- **Monitoring:** Document routine checks, testing protocols, acceptable control ranges, and results.
- **Corrective Actions:** Clear procedures for responding when control limits are not met.

Supporting Standards and Tools

- ASHRAE Standard 188 – *Legionellosis: Risk Management for Building Water Systems*
- CDC Water Management Program Toolkit
- EPA literature on technologies for Legionella control

Regulatory Notes (CMS)

- Routine water cultures for *Legionella* are not required unless prompted by a facility-associated case or suspected outbreak.
- If a healthcare-associated case or outbreak occurs, the facility must immediately contact public health authorities and follow their recommendations, which may include remediation and adjustment of control measures.
- Public health may work with survey agencies to determine whether the facility's water management program was adequate and properly implemented.

Infection Control Pathway Directs Surveyors

Through interview (or record review as necessary), determine whether the facility has:

- Assessed (e.g., description of the building water systems using text and flow diagrams) where Legionella and other opportunistic waterborne pathogens can grow and spread;
- Measures to prevent the growth of Legionella and other opportunistic waterborne pathogens in building water systems that is based on nationally accepted standards (e.g., ASHRAE, CDC, U.S. Environmental Protection Agency or EPA). For example, control measures can include visible inspections, disinfectant, temperature control (that may require mixing valves to prevent scalding);
- A way to monitor the measures they have in place (e.g., testing protocols, acceptable ranges), and established ways to intervene when control limits are not met; and

Infection Control Pathway if Case in Building

Interview the infection preventionist (IP) to determine whether the facility has had a case(s). Interview the IP (and perform record review as necessary) to determine what actions the facility took in response to the identified case in the facility. The State Survey Agency should work with local/state public health authorities, if possible, to determine if the water management program was inadequate to prevent the growth of Legionella or other opportunistic waterborne pathogens and whether the facility implemented adequate prevention and control measures once the issue was identified.

Examples of When F880 may be Cited for Water Management (1/4)

- The facility had **no written water management plan** addressing hot water systems, cooling towers, decorative water features, or ice machines.
- No hazard analysis or risk-assessment process existed.
- No monitoring activities (e.g., temperature checks, flushing schedules).
- The facility could not show how it mitigated the risk of *Legionella* or other waterborne organisms.

Outcome: Cited under F880 for failing to maintain an infection control program that prevents waterborne disease exposure.

Examples of When F880 may be Cited for Water Management (2/4)

Plan Exists but is Not Implemented

Surveyors identified:

- The facility had a WMP document but **was not following it in practice**.
- Logs for temperature monitoring, disinfectant levels, and flushing schedules were blank for months.
- Staff were unaware of who was responsible for the tasks.

Outcome: F880 cited for failure to implement the infection prevention and control policies required to protect residents.

Example of when the Facility may be cited for Water Management Plan (3/4)

Survey findings included:

- Water heater outlet temperatures repeatedly recorded below 120°F.
- The facility did not take corrective action, despite its WMP identifying these conditions as high-risk for Legionella growth.
- No documentation of communication to the infection preventionist.

Outcome: F880 cited for inadequate mitigation of known environmental infection risks.

Example of When a Facility May be Cited for Water Management (4)

Ice Machines Not Included in the Plan

Survey identified:

- Visible biofilm inside ice machines.
- Ice machines were **not included** in the water management risk assessment.
- Staff were unaware of any cleaning schedule or manufacturer instructions.

Outcome: Cited under F880 for failing to control infection risks related to facility-owned water-related equipment.



CDC Guidance Updates

Tammy Hale | ICAR Unit Supervisor
Jared Shenk | COVID-19 Long-Term Care Epidemiologist

Updated CDC Guidelines

- September 24th – Viral Respiratory Pathogens Toolkit for Nursing Homes
  - Viral Respiratory Pathogens Toolkit for Nursing Homes | LTCFs | CDC
- Comprehensive approach which consolidates recommendations to help prevent and control respiratory viruses (e.g., SARS-CoV-2, influenza, RSV)
- Variety of resources provided on the CDC webpage for education
  - Webinars
    - For infection preventionists and leaders
    - NEW: Preventing Infections in Your Nursing Home Community - video for residents
  - Educational handouts

Preparing for Viral Respiratory Season

- Infection Prevention and Control Program
  - Dedicate staff time and resources (e.g., PPE, supplies)
  - Infection Preventionist time allocation
    - Multi-society guidance for infection prevention and control in nursing homes | Infection Control & Hospital Epidemiology | Cambridge Core
      - Mody L, Advani SD, Ashraf MS, et al. Multisociety guidance for infection prevention and control in nursing homes. *Infection Control & Hospital Epidemiology*. 2025;46(11):1069-1096. doi:10.1017/ice.2025.10252
- Monitor for respiratory virus spread
  - In community: Viral Respiratory Illness in Minnesota (Data & Statistics) - MN Dept. of Health
  - Within facility: apxl.xlsx
- Consider source control (e.g., mask) when rates are high in community

Response

- Monitor for respiratory symptoms
  - In residents and healthcare personnel (HCP)
  - Note: Older adults may have atypical signs and symptoms
- Implement Transmission-Based Precautions
  - Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | Infection Control | CDC
  - Note other respiratory viruses (e.g., Human metapneumovirus)
- Type and duration of Transmission-Based Precautions remain unchanged
- Provide testing to identify outbreaks
- If infection control questions reach out to health.icar@state.mn.us we can offer a consult call if needed

Testing

- There are no longer any specific outbreak testing recommendations, but CDC has updated language around testing in both the Viral Respiratory Pathogens Toolkit and the Viral Respiratory Infections Healthcare Personnel Guidance.
- More flexibility in how often to test with emphasis on rapid evaluation including viral testing with either rapid results or send-out testing with results available within 24 hours.
- **For Staff:** *Healthcare personnel (HCP) with mild symptoms of a viral respiratory infection may not be tested to confirm which pathogen is the causative agent, whereas testing may more likely be performed for those with severe illness or immunocompromise.*
  - Occupational Health Services (OHS) personnel often use a combination of clinical judgement (i.e., suspicion of a viral respiratory infection) and acute respiratory illness (ARI) criteria to identify HCP without a confirmatory viral laboratory test as having a suspected viral respiratory infection.
  - ARI is generally defined as the presence of two or more signs or symptoms, such as fever (subjective or objective), cough, runny nose or nasal congestion, or sore throat.

Healthcare Personnel (HCP) (1/2)

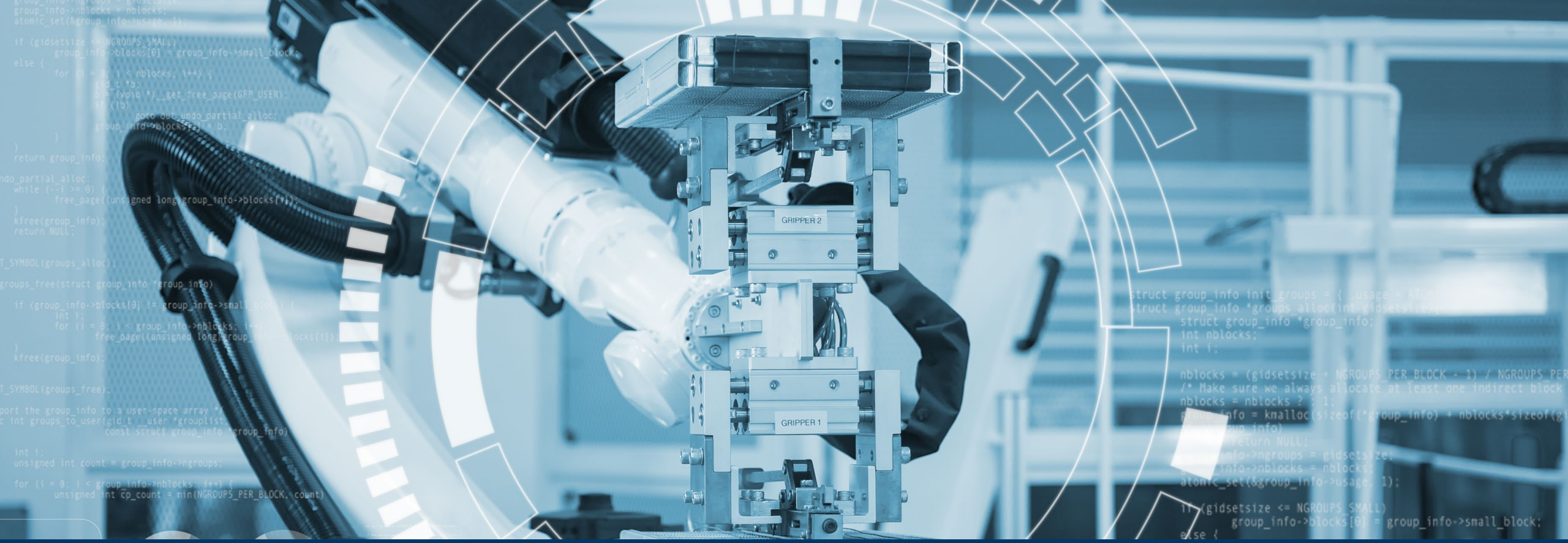
- Infection Control in Healthcare Personnel: Part II | Infection Control | CDC
- Viral Respiratory Infections | Infection Control | CDC
- For asymptomatic healthcare personnel with a known or suspected exposure to a respiratory virus:
  - Work restrictions are not necessary
  - Wear source control from first day of exposure through at least the 5th day after the last exposure
  - Monitor for signs and symptoms (clinical features are listed in the Viral Respiratory Infections guidance linked above on CDC website)

Healthcare Personnel (2/2)

- For healthcare personnel with a suspected or confirmed viral respiratory infection, restrict from work until:
  - At least 3 days have passed from symptom onset (or first positive respiratory virus test is asymptomatic), AND
  - Fever free for at least 24 hours without the use of antipyretics, AND
  - Overall symptoms are improving, AND
  - They feel well enough to return to work
- After returning to work, continue wearing source control until at least the end of day 7
- *Applies to a wider range of respiratory infections than COVID-19*

Reporting

- As a reminder, COVID-19 reporting requirements for skilled nursing and assisted living facilities remain the same:
  - https://www.health.state.mn.us/diseases/coronavirus/hcp/ltcreportrecs.pdf
- Additional LTC COVID resources can be found at:
  - Long-term Care: COVID-19 - MN Dept. of Health
- For additional questions about testing and guidance recommendations, please contact the LTC Surveillance inbox: health.ltc.covid19.mdh@state.mn.us



Robotics in Nursing Homes

Karen Aldinger | Regional Operations Manager

Message from CMS

The regulations and guidance do not prohibit the use of robots, so their use does not automatically constitute noncompliance. However, we cannot confirm the use of them is fully compliant with the CMS regulations for Long Term Care Facilities at 42 CFR Part 483 Subpart B. Compliance depends on the specifics of what they do and the unanticipated resident interactions or unintended outcomes that may or could occur.

Robotics are Not Allowed to Perform

CMS emphasizes that robots are not allowed to perform responsibilities that require a licensed health care professional (e.g., nurse) or a Certified Nurse Aide (CNA), see 42 CFR § 483.35. CNAs are trained in many different aspects of residents' lives including, but not limited, to infection control, safety/emergency procedures, respecting residents' rights, residents' mental health and social service needs, caring for the residents' environment, and providing privacy and maintenance of confidentiality (see 42 CFR 483.152). These trainings are part of a state approved Nurse Aide Training Competency and Evaluation Program (NATCEP) that CNAs are required to complete in order to provide services to residents. Therefore, robots cannot provide the services a CNA is required to be trained on as part of a NATCEP. Similarly, robots cannot provide services of other personnel that require a license to provide such services.

Robotics may be used

That said, there may be services that robots can provide and may be compliant with CMS' requirements. However, we remind facilities that they must meet all other requirements that the use of robots may impact, such as the requirements related to accident/hazards, infection control, resident's rights, and other areas of concern. A facility would need to assess and manage any foreseeable risks.

Questions?



Thank You!!!

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