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**Center for Clinical Standards and Quality/ Survey Operations Group**

Admin Info: 22-09-ALL

**DATE:** September 20, 2022  
**TO:** CMS Locations and State Agencies  
**FROM:** Karen Tritz, Director of Survey Operations Group  
**SUBJECT:** Guidance for Federal Monitoring Surveys (FMS)

**Memorandum Summary**

- Provide guidance on how CMS Location staff will conduct Federal Monitoring Surveys (FMS) in FY2022 and FY2023.
- Provide the rationale for moving to a two-year cycle for Focus Concern identification.
- Communicate FY22 Mandated number of Long-Term Care FMS for Health and Life Safety Code (LSC)

**Background**

Long Term Care (LTC) Federal Monitoring Surveys (FMS) -- referred to in the statute as “validation surveys” -- must be performed by each CMS Location during each fiscal year (FY) to meet the statutory requirement of Section 1819(g)(3)(B) of the Social Security Act, which requires FMS of “...at least 5 percent of the number of skilled nursing facilities surveyed by the State in the year, but in no case less than 5 skilled nursing facilities in the State” including Puerto Rico. Section 1919(g)(3)(B) of the Act requires similar performance of validation surveys for nursing facilities. LTC FMS include the health, life safety code (LSC) and emergency preparedness parts of the survey.

**LTC Health FMS**

Health LTC FMS are comprised of three survey processes aimed at advising and evaluating State Agency (SA) Surveyors.

1. **Resource and Support Surveys (RSS)** are surveys where the Federal Surveyor(s) accompany SA Surveyors on a focused infection control (FIC), initial, standard, revisit and/or complaint survey to observe and assess SA Surveyor team performance related to a specific concern area. The Federal Surveyor(s) may provide training and/or technical assistance to address identified performance needs while on-site or as a result of the evaluation of outcomes.
2. **Focused Concern Surveys (FCS)** are one of the evaluative components of the FMS process. FCS are completed by one Federal Surveyor conducting an independent investigation of the identified concern areas. FCS health surveys occur within 60 calendar days after a State standard survey, FIC, revisit, or complaint survey. The Federal Surveyor follows all investigative protocols and pathways for the concern areas to assess the effectiveness of SA performance.
3. **A Health Comparative** is a full survey conducted after a standard survey is conducted by the SA in the same facility. The purpose of a Health comparative survey is monitoring and evaluating State survey agency performance. A LTC Health comparative should be conducted within 60 calendar days following the SA's standard survey.

### **LTC LSC FMS**

LTC LSC FMS are comprised of two survey processes aimed at advising and evaluating SA surveyors.

1. **Federal Oversight & Support Survey (FOSS)** - A LSC FOSS is a survey where the Federal Surveyor will observe and assess the State Survey team performance. The Federal Surveyor may provide training and/or technical assistance to address identified performance needs while on-site as a result of the evaluation of outcomes
2. **A LSC Comparative** survey is a full survey conducted after a standard survey is conducted by the SA in the same facility. The purpose of a LSC comparative Survey is monitoring and evaluating SA performance. An Emergency Preparedness (EP) survey will be conducted with all LSC comparative surveys. LSC comparative surveys will occur within 60 calendar days following the SA's standard survey. The Federal Surveyor will follow all investigative protocols and assess the effectiveness of SA survey performance.

## **Discussion**

The information in this section provides guidance to the CMS Locations on how to conduct FMS and provide feedback to the SAs, including sharing reports on completed FMS and meetings with the SA based on needs identified by the CMS Location. The guidance is specific to the way two types of LTC Health FMS surveys (RSS and FCS) and one type of LTC LSC FMS (FOSS) are conducted, such as concern identification, survey selection, and enforcement.

### **Concern Identification**

For FY22 and FY23, CMS has identified four LTC Health concern areas, plus an optional concern area. The areas selected are national concerns that were identified based on promoting health equity, the impact of the pandemic on residents' physical and psychosocial needs, and the imperative need to vaccinate staff and residents in long-term care facilities. CMS is expanding the timeframe for these concern areas to ensure adequate time to train and evaluate SA Surveyors and effectively measure SA performance in surveying for the focus concern areas.

SAs should utilize resources to investigate the facility's compliance, these include, but are not limited to:

- Regulations,
- Interpretive guidance found in Appendix PP of the State Operations Manual (SOM),
- Long-Term Care Survey Process (LTCSP) Procedure Guide,
- CMS QSO Memos / Survey & Certification Memos, and
- Critical Element Pathways specific to the Focus Concerns.

The four required LTC Health FMS concerns are as follows:

<b>#</b>	<b>Focus Concern</b>	<b>F-Tags</b>	<b>Critical Element Pathways/ Memos</b>
1 <sup>st</sup>	Behavioral Health	<ul style="list-style-type: none"><li>• F740</li><li>• F741</li><li>• F742</li><li>• F743</li></ul>	<ul style="list-style-type: none"><li>• Behavioral and Emotional Status Critical Element Pathway</li></ul>
2 <sup>nd</sup>	Immunizations	<ul style="list-style-type: none"><li>• F883</li><li>• F887</li><li>• F888</li></ul>	<ul style="list-style-type: none"><li>• Infection Prevention, Control, and Immunizations Critical Element Pathway</li></ul>
3 <sup>rd</sup>	Infection Preventionist	<ul style="list-style-type: none"><li>• F882</li></ul>	<ul style="list-style-type: none"><li>• Infection Prevention, Control, and Immunizations Critical Element Pathway</li></ul>
4 <sup>th</sup>	Language/ Communication	<ul style="list-style-type: none"><li>• F676</li></ul>	<ul style="list-style-type: none"><li>• Activities of Daily Living (ADL) Critical Element</li></ul>

#	Focus Concern	F-Tags	Critical Element Pathways/ Memos
			Pathway
Optional	TBD	TBD	<p>In addition to the concern areas identified above, the Federal Surveyor will have the option of selecting an additional area(s) of concern that is unique to the survey and does not fall within the concerns identified above.</p> <p>This concern area can be selected when the Federal Surveyor is onsite and observes obvious issues with SA surveyors' performance in investigating compliance for an area that was not otherwise selected.</p> <p>Furthermore, there may be instances when CMS identifies a specific area of concern for a particular state (e.g., abuse). In these cases, the Federal Surveyor should take the opportunity to investigate the identified concern via the optional area of concern.</p>

**RSS Health**

The RSS is conducted the first 6 months of the fiscal year. The purpose of the RSS is to provide education, instruction, and guidance to SA Surveyors to assist them in conducting thorough investigations for the focused concern areas.

During the RSS, the Federal Surveyor will join the SA team and provide active guidance and instruction for the concern areas. The Federal Surveyor will accompany the SA Surveyors when making observations and conducting interviews related to the areas of concern. The Federal Surveyor should discuss the findings and assist in applying the given facts to the regulatory requirements. The Federal Surveyor will base the guidance and instruction provided in the regulations,

interpretive guidance found in Appendix PP and Appendix Q of the State Operations Manual (SOM), the critical element pathways, and the FIC survey protocol for the applicable concern areas. All of these documents can be found in the survey resource folder on CMS.gov using the following link:  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>

In addition to providing specific guidance related to the areas of concern, the Federal Surveyor will provide support for any other survey topic that may arise. To ensure both the effectiveness and efficiency of the survey, the Federal Surveyor will ensure the SA follows the guidance in the LTCSP Procedure Guide. The Federal Surveyor will be present for as much of the State survey as necessary and should remain on site to assist with decision making.

Following the State's compliance decisions, the Federal Surveyor should recap the significant learning opportunities that were discussed with team members during the survey. An RSS Report is provided to the SA with a written summary of the feedback. The RSS will heavily focus on focus concern areas but are not solely limited to these topics. The Federal Surveyor will serve as an advisor for any survey topic that may arise but will focus their RSS activities on the identified areas of concern as well as how the SA followed the LTCSP Procedure Guide.

### **FOSS LSC**

The Federal LSC Surveyor will work with SA Surveyors based on SA survey assignment of the EP regulations. Specifically:

1. In a SA where the SA LSC Surveyor is responsible for completing the LSC and EP portions of the survey, the Federal LSC Surveyor will conduct both LSC and EP portions of the survey with the SA Surveyor.
2. In a SA where the SA Health Surveyor is responsible for completing the EP portions of the survey, and the Federal LSC Surveyor is on site at the time the SA Health surveyor is completing the EP portion of the survey, the Federal LSC Surveyor will accompany the SA Health Surveyor examining the E tags, for that portion of the survey only.
3. If there are multiple SA Surveyors conducting the LSC and EP surveys, the Federal Surveyor will accompany different members of the SA LSC team when new K and E tags are being evaluated.

The Federal Surveyor should discuss the findings and assist in applying the given facts to the regulatory requirements. The Federal Surveyor will base the guidance and instruction provided in the regulations, interpretive guidance found in Appendix I and Appendix Z of the SOM. All of these documents can be found in the survey resource folder on CMS.gov using the following link:  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/LSC>

## **Feedback to the SA**

During the RSS and FOSS, SA Surveyors are encouraged to ask questions of the Federal Surveyors.

Following completion of the survey, the Federal Surveyor will complete an FMS Health RSS State Report or an FMS LSC FOSS State Report to document the survey findings and highlight guidance provided during the survey. This document, that includes the review of the 2567, is intended to be a learning tool to communicate survey related guidance to all SA surveyors to ensure the SA correctly applies the Principles of Documentation (Exhibit 7A).

The report should be completed and sent to the State within 30 calendar days of the survey exit date. There is no scoring of survey teams nor evaluations of survey performance provided during the RSS.

## **FCS Health**

Focused Concern Surveys (FCS) are conducted in the second 6 months of the year. These surveys need to be conducted within 60 calendar days of the SA Survey exit date, for the purpose of monitoring SA performance.

The surveys selected for FCS can be standard surveys or complaint surveys. Federal Surveyors should strive to complete two surveys during a survey week, when possible. We recognize that some CMS Locations will not be able to conduct two FCS in a week due to the distance between facility locations. Each FCS should include at least two of the identified concern areas for a given state. Moreover, while it may not be feasible, every effort should be made so that each of the four concern areas are investigated on at least 50% of the surveys conducted.

During these surveys, the Federal Surveyor will independently investigate the areas of concern by following the investigative protocols in Appendix PP of the SOM and the critical element pathways for the applicable concern areas. The survey sample used will be 60% of the SA survey sample of residents who were investigated for the concern area (or LTCSP Care Area) but will not exceed five residents per care area. The Federal Surveyor will look at the state findings in ASPEN Regional Office (ARO) that identify the residents and concerns for those residents. These reports are available in ARO in the alpha tab. Following completion of the investigation, the Federal Surveyor will then make compliance decisions related to these areas of focus and conduct an exit interview with the facility administrator and other staff that the facility wishes to include. The evidence supporting non-compliance will be shared with the facility. The facility will be notified at exit if any of the Federal findings have been determined to be Substandard Quality of Care (SQC), Harm, Immediate Jeopardy (IJ), independent, associated tags, and/or severity Level 2 at F883, F887, and/ or F888.

Given the importance of increasing vaccination rates among nursing home residents and staff to reduce the risk of infection and disease associated with COVID-19, FCS with a finding of substantial noncompliance (D or above) with the regulations at F883, F887 and F888 will be surveys of record and a Form CMS 2567 will be created.

For Infection Preventionist (F882), Behavioral Health (F740, F741, F742, F743) and Language/ Communication (F676) a 2567 will only be drafted if noncompliance was identified by the Federal Surveyor at the IJ, Harm or SQC level and was not identified by the SA at that level of severity and scope. Independent, but associated, tags that are not at the SQC or higher level may be included if required to address the full breadth of facility noncompliance at the discretion of the Federal Surveyor. While no Form CMS 2567 will be issued for non-SQC or lower findings for these areas, sufficient information will be provided to the facility so that they can correct the deficiencies. The Federal Surveyor will follow the guidance in Appendix Q for any situations of suspected IJ.

If the SA did not survey for F888, the Federal Surveyor will include in their areas of concern a review of the vaccine requirement. If the CMS location is using contractors to assist with the vaccine requirement surveys, it is extremely important to coordinate in selecting facilities for an FCS to prevent duplication.

Draft a 2567 only under the following conditions:

<b>Identify Noncompliance</b>	<b>Draft 2567</b>
Noncompliance at SQC, Harm (Level 3), or IJ (Level 4) <ul style="list-style-type: none"> <li>• Behavioral Health (F740, F741, F742, F743)</li> <li>• Infection Preventionist (F882)</li> <li>• Language/ Communication (F676)</li> </ul>	Yes
Noncompliance (S/S Level 2 or D or above) for Immunizations (F883, F887, F888)	Yes
Noncompliance cited at level 4 by Federal Surveyors and the SA cited at level 3	Yes
Noncompliance cited at Level 3 and SA cited at level 2	Yes
Noncompliance cited at Level 3 or Level 4 by the Federal Surveyor and the SA did not cite	Yes
Independent or associated tags that are not SQC or higher	No

If SQC is discovered while conducting an FCS, the Federal Surveyor will conduct the Partial Extended Survey, the partial extended survey should be conducted immediately after the survey, but, if delayed, no later than 14 calendar days after completion of the abbreviated FCS survey which found that the facility had SQC.

## Scoring

The Federal Surveyor will complete a FCS report following each FCS survey that gives a rating of “Met”, “Partially Met” or “Not Met” for each of the concern areas investigated or any concerns identified while the Federal Surveyors are on site. This scoring sheet (LTC Health FCS State Report) should be sent to the SA within 30 calendar days of the survey exit date. After receipt of the report, the State will have 30 calendar days to appeal findings of “Not Met” or “Partially Met.” The CMS Location that conducted the survey will address these appeals.

<b>Met = 2 points/ Pass</b>	<b>Partially Met = 1 point / Pass</b>	<b>Not Met = 0 points/ Fail</b>
<ul style="list-style-type: none"><li>• SA properly identifies noncompliance and harm Level</li><li>• SA missed noncompliance at Level 1</li></ul>	<ul style="list-style-type: none"><li>• SA fails to identify noncompliance</li><li>• SA failed to identify accurate severity Level</li><li>• SA failed to provide evidence to support a Level of harm</li></ul>	<ul style="list-style-type: none"><li>• SA failed to identify noncompliance at:<ul style="list-style-type: none"><li>• SQC</li><li>• Level 2 for F883 or F887 or F888</li><li>• Level 3 for all tags</li><li>• Level 4 for all tags</li></ul></li></ul>

## Survey Selection

When determining survey selection for both RSS and FCS, CMS Locations should prioritize providers based on those with a history of noncompliance, or allegations of noncompliance with the focused concern areas. Surveys selected may also be based on complaints related to one or more of the selected concern areas, media attention, or other justification. **For RSS only**, the Federal Health Surveyor will work collaboratively with the SA to identify surveys and SA Surveyors that will provide good training opportunities.

The Federal LSC Surveyor will work collaboratively with the SA to identify surveys and SA LSC Surveyors that will provide good training opportunities when selecting a facility for an LSC FOSS.

The total number of mandated FMS to be conducted in each state for FY22 is provided in the appendix. These numbers also serve as an estimate for FY23. This estimate will be updated to mandated totals when data on the total number of Nursing Homes surveyed in each state during FY22 are available, anticipated on or before 1/31/23).

## Enforcement

If a Form CMS-2567 is required, the CMS Location will take appropriate



enforcement action based on the survey findings. The CMS Location will evaluate the findings and impose federal remedies according to current enforcement protocols. Additionally, loss of the Nurse Aide Training and Competence Evaluation Program (NATCEP) will occur when SQC is identified during an FCS or comparative survey.

**Contact:** Please contact your CMS Location Management team with any questions.

**Effective Date:** Immediately. This policy should be communicated to all Survey Operations Group (SOG) staff, their managers and the State/CMS Location Offices.

/s/ Karen L. Tritz

Cc: Quality, Safety & Oversight Group- Division of Nursing Homes

Attachments –

- FY22 Mandated and FY23 Estimated Number and Type of FMS for LTC Health and LSC by State w/ roll-up totals for each CMS Location (attached)
- List of Revised F-Tags (attached)
- [Appendix Q](#)
- [Principles of Documentation](#) (Exhibit 7A)



**FY22 Mandated and FY23 Estimated Number and Type of FMS for LTC  
Health and LTC LSC**

State	LTC Health FMS		
	Total FMS	FOSS: RSS or FCS (80%)	Comparatives (20%)
Connecticut	10	8	2
Maine	5	4	1
Massachusetts	19	15	4
New Hampshire	5	4	1
Rhode Island	5	4	1
Vermont	5	4	1
<b>Boston</b>	<b>49</b>	<b>39</b>	<b>10</b>
New Jersey	19	15	4
New York	24	19	5
Puerto Rico	5	4	1
Virgin Islands	0	0	0
<b>New York</b>	<b>48</b>	<b>38</b>	<b>10</b>
Delaware	5	4	1
Maryland	9	7	2
Pennsylvania	34	27	7
Virginia	12	9	3
Washington D.C.	5	4	1
West Virginia	7	5	2
<b>Philadelphia</b>	<b>72</b>	<b>56</b>	<b>16</b>
Alabama	12	9	3
Florida	30	24	6
Georgia	13	10	3
Kentucky	12	9	3
Mississippi	10	8	2
North Carolina	22	17	5
South Carolina	9	7	2
Tennessee	17	13	4
<b>Atlanta</b>	<b>125</b>	<b>97</b>	<b>28</b>
Illinois	35	28	7
Indiana	27	21	6
Michigan	22	17	5
Minnesota	19	15	4
Ohio	44	35	9
Wisconsin	18	14	4
<b>Chicago</b>	<b>165</b>	<b>130</b>	<b>35</b>
Arkansas	12	9	3
Louisiana	14	11	3



State	LTC Health FMS		
	Total FMS	FOSS: RSS or FCS (80%)	Comparatives (20%)
New Mexico	5	4	1
Oklahoma	14	11	3
Texas	62	49	13
<b>Dallas</b>	<b>107</b>	<b>84</b>	<b>23</b>
Iowa	19	15	4
Kansas	17	13	4
Missouri	25	20	5
Nebraska	9	7	2
<b>Kansas City</b>	<b>70</b>	<b>55</b>	<b>15</b>
Colorado	12	9	3
Montana	5	4	1
North Dakota	5	4	1
South Dakota	5	4	1
Utah	5	4	1
Wyoming	5	4	1
<b>Denver</b>	<b>37</b>	<b>29</b>	<b>8</b>
Arizona	7	5	2
California	59	47	12
Hawaii	5	4	1
Nevada	5	4	1
<b>San Francisco</b>	<b>76</b>	<b>60</b>	<b>16</b>
Alaska	5	4	1
Idaho	5	4	1
Oregon	5	4	1
Washington	10	8	2
<b>Seattle</b>	<b>25</b>	<b>20</b>	<b>5</b>



LTC LSC FMS			
State	Total FMS	FOSS (40%)	Comparatives (60%)
Connecticut	10	4	6
Maine	5	2	3
Massachusetts	19	8	11
New Hampshire	5	2	3
Rhode Island	5	2	3
Vermont	5	2	3
<b><u>Boston</u></b>	<b><u>49</u></b>	<b><u>20</u></b>	<b><u>29</u></b>
New Jersey	18	7	11
New York	23	9	14
Puerto Rico	5	2	3
Virgin Islands	0	0	0
<b><u>New York</u></b>	<b><u>46</u></b>	<b><u>18</u></b>	<b><u>28</u></b>
Delaware	5	2	3
Maryland	9	3	6
Pennsylvania	34	13	21
Virginia	12	5	7
Washington D.C.	5	2	3
West Virginia	6	2	4
<b><u>Philadelphia</u></b>	<b><u>71</u></b>	<b><u>27</u></b>	<b><u>44</u></b>
Alabama	11	4	7
Florida	30	12	18
Georgia	13	5	8
Kentucky	13	5	8
Mississippi	10	4	6
North Carolina	21	8	13
South Carolina	8	3	5
Tennessee	16	6	10
<b><u>Atlanta</u></b>	<b><u>122</u></b>	<b><u>47</u></b>	<b><u>75</u></b>
Illinois	35	14	21
Indiana	27	11	16
Michigan	21	8	13
Minnesota	20	8	12
Ohio	44	18	26
Wisconsin	18	7	11
<b><u>Chicago</u></b>	<b><u>165</u></b>	<b><u>66</u></b>	<b><u>99</u></b>



State	LTC LSC FMS		
	Total FMS	FOSS (40%)	Comparatives (60%)
Arkansas	12	5	7
Louisiana	14	6	8
New Mexico	5	2	3
Oklahoma	13	5	8
Texas	61	24	37
<b>Dallas</b>	<b>105</b>	<b>42</b>	<b>63</b>
Iowa	19	8	11
Kansas	16	6	10
Missouri	25	10	15
Nebraska	9	4	5
<b>Kansas City</b>	<b>69</b>	<b>28</b>	<b>41</b>
Colorado	11	4	7
Montana	5	2	3
North Dakota	5	2	3
South Dakota	5	2	3
Utah	5	2	3
Wyoming	5	2	3
<b>Denver</b>	<b>36</b>	<b>14</b>	<b>22</b>
Arizona	7	3	4
California	60	24	36
Hawaii	5	2	3
Nevada	5	2	3
<b>San Francisco</b>	<b>77</b>	<b>31</b>	<b>46</b>
Alaska	5	2	3
Idaho	5	2	3
Oregon	5	2	3
Washington	10	4	6
<b>Seattle</b>	<b>25</b>	<b>10</b>	<b>15</b>

## List of Revised F-Tags

### 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
<b>483.10</b>	<b>Resident Rights</b>	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	<b>483.25</b>	<b>Quality of Care</b>
F557	Respect, Dignity/Right to have Personal Property	F608	*Reporting of Reasonable Suspicion of a Crime	F684	Quality of Care
F558	*Reasonable Accommodations of Needs/Preferences	F609	*Reporting of Alleged Violations	F685	*Treatment/Devices to Maintain Hearing/Vision
F559	*Choose/Be Notified of Room/Roommate Change	F610	*Investigate/Prevent/Correct Alleged Violation	F686	*Treatment/Svcs to Prevent/Heal Pressure Ulcers
F560	Right to Refuse Certain Transfers	<b>483.15</b>	<b>Admission, Transfer, and Discharge</b>	F687	*Foot Care
F561	*Self Determination	F620	Admissions Policy	F688	*Increase/Prevent Decrease in ROM/Mobility
F562	Immediate Access to Resident	F621	Equal Practices Regardless of Payment Source	F689	*Free of Accident Hazards/Supervision/Devices
F563	Right to Receive/Deny Visitors	F622	Transfer and Discharge Requirements	F690	*Bowel/Bladder Incontinence, Catheter, UTI
F564	Inform of Visitation Rights/Equal Visitation Privileges	F623	Notice Requirements Before Transfer/Discharge	F691	*Colostomy, Urostomy, or Ileostomy Care
F565	*Resident/Family Group and Response	F624	Preparation for Safe/Orderly Transfer/Discharge	F692	*Nutrition/Hydration Status Maintenance
F566	Right to Perform Facility Services or Refuse	F625	Notice of Bed Hold Policy Before/Upon Transfer	F693	*Tube Feeding Management/Restore Eating Skills
F567	Protection/Management of Personal Funds	F626	Permitting Residents to Return to Facility	F694	*Parenteral/IV Fluids
F568	Accounting and Records of Personal Funds	<b>483.20</b>	<b>Resident Assessments</b>	F695	*Respiratory/Tracheostomy care and Suctioning
F569	Notice and Conveyance of Personal Funds	F635	Admission Physician Orders for Immediate Care	F696	*Prostheses
F570	Surety Bond - Security of Personal Funds	F636	Comprehensive Assessments & Timing	F697	*Pain Management
F571	Limitations on Charges to Personal Funds	F637	Comprehensive Assmt After Significant Change	F698	*Dialysis
F572	Notice of Rights and Rules	F638	Quarterly Assessment At Least Every 3 Months	F699	*(PHASE-3) Trauma Informed Care
F573	Right to Access/Purchase Copies of Records	F639	Maintain 15 Months of Resident Assessments	F700	*Bedrails
F574	Required Notices and Contact Information	F640	Encoding/Transmitting Resident Assessment	<b>483.30</b>	<b>Physician Services</b>
F575	Required Postings	F641	Accuracy of Assessments	F710	Resident's Care Supervised by a Physician
F576	Right to Forms of Communication with Privacy	F642	Coordination/Certification of Assessment	F711	Physician Visits- Review Care/Notes/Order
F577	Right to Survey Results/Advocate Agency Info	F644	Coordination of PASARR and Assessments	F712	Physician Visits-Frequency/Timeliness/Alternate NPPs
F578	Request/Refuse/Discontinue Treatment;Formulate Adv Di	F645	PASARR Screening for MD & ID	F713	Physician for Emergency Care, Available 24 Hours
F579	Posting/Notice of Medicare/Medicaid on Admission	F646	MD/ID Significant Change Notification	F714	Physician Delegation of Tasks to NPP
F580	Notify of Changes (Injury/Decline/Room, Etc.)	<b>483.21</b>	<b>Comprehensive Resident Centered Care Plan</b>	F715	Physician Delegation to Dietitian/Therapist
F582	Medicaid/Medicare Coverage/Liability Notice	F655	Baseline Care Plan	<b>483.35</b>	<b>Nursing Services</b>
F583	Personal Privacy/Confidentiality of Records	F656	Develop/Implement Comprehensive Care Plan	F725	Sufficient Nursing Staff
F584	*Safe/Clean/Comfortable/Homelike Environment	F657	Care Plan Timing and Revision	F726	Competent Nursing Staff
F585	Grievances	F658	Services Provided Meet Professional Standards	F727	RN 8 Hrs/7 days/Wk, Full Time DON
F586	Resident Contact with External Entities	F659	Qualified Persons	F728	Facility Hiring and Use of Nurse
		F660	Discharge Planning Process	F729	Nurse Aide Registry Verification, Retraining
		F661	Discharge Summary	F730	Nurse Aide Perform Review – 12Hr/Year In- service
				F731	Waiver-Licensed Nurses 24Hr/Day and RN Coverage
				F732	Posted Nurse Staffing Information



**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**

<b>483.40</b>	<b>Behavioral Health</b>	F811	Feeding Asst -Training/Supervision/Resident	<b>483.90</b>	<b>Physical Environment</b>
F740	Behavioral Health Services	F812	Food Procurement, Store/Prepare/Serve - Sanitary	F906	Emergency Electrical Power System
F741	Sufficient/Competent Staff-Behav Health Needs	F813	Personal Food Policy	F907	Space and Equipment
F742	*Treatment/Svc for Mental/Psychosocial Concerns	F814	Dispose Garbage & Refuse Properly	F908	Essential Equipment, Safe Operating Condition
F743	*No Pattern of Behavioral Difficulties Unless Unavoidable	<b>483.65</b>	<b>Specialized Rehabilitative Services</b>	F909	Resident Bed
F744	*Treatment /Service for Dementia	F825	Provide/Obtain Specialized Rehab Services	F910	Resident Room
F745	*Provision of Medically Related Social Services	F826	Rehab Services- Physician Order/Qualified Person	F911	Bedroom Number of Residents
<b>483.45</b>	<b>Pharmacy Services</b>	<b>483.70</b>	<b>Administration</b>	F912	Bedrooms Measure at Least 80 Square Ft/Resident
F755	Pharmacy Svcs/Procedures/Pharmacist/ Records	F835	Administration	F913	Bedrooms Have Direct Access to Exit Corridor
F756	Drug Regimen Review, Report Irregular, Act On	F836	License/Comply w/Fed/State/Local Law/Prof Std	F914	Bedrooms Assure Full Visual Privacy
F757	*Drug Regimen is Free From Unnecessary Drugs	F837	Governing Body	F915	Resident Room Window
F758	*Free from Unnec Psychotropic Meds/PRN Use	F838	Facility Assessment	F916	Resident Room Floor Above Grade
F759	*Free of Medication Error Rate sof 5% or More	F839	Staff Qualifications	F917	Resident Room Bed/Furniture/Closet
F760	*Residents Are Free of Significant Med Errors	F840	Use of Outside Resources	F918	Bedrooms Equipped/Near Lavatory/Toilet
F761	Label/Store Drugs & Biologicals	F841	Responsibilities of Medical Director	F919	Resident Call System
<b>483.50</b>	<b>Laboratory, Radiology, and Other Diagnostic Services</b>	F842	Resident Records - Identifiable Information	F920	Requirements for Dining and Activity Rooms
F770	Laboratory Services	F843	Transfer Agreement	F921	Safe/Functional/Sanitary/ Comfortable Environment
F771	Blood Blank and Transfusion Services	F844	Disclosure of Ownership Requirements	F922	Procedures to Ensure Water Availability
F772	Lab Services Not Provided On-Site	F845	Facility closure-Administrator	F923	Ventilation
F773	Lab Svcs Physician Order/Notify of Results	F846	Facility closure	F924	Corridors Have Firmly Secured Handrails
F774	Assist with Transport Arrangements to Lab Svcs	F847	Enter into Binding Arbitration Agreements	F925	Maintains Effective Pest Control Program
F775	Lab Reports in Record-Lab Name/Address	F848	Select Arbitrator/Venue, Retention of Agreements	F926	Smoking Policies
F776	Radiology/Other Diagnostic Services	F849	Hospice Services	<b>483.95</b>	<b>Training Requirements</b>
F777	Radiology/Diag. Svcs Ordered/Notify Results	F850	*Qualifications of Social Worker >120 Beds	F940	{PHASE-3} Training Requirements - General
F778	Assist with Transport Arrangements to Radiology	F851	Payroll Based Journal	F941	{PHASE-3} Communication Training
F779	X-Ray/Diagnostic Report in Record-Sign/Dated	<b>483.75</b>	<b>Quality Assurance and Performance Improvement</b>	F942	{PHASE-3} Resident's Rights Training
<b>483.55</b>	<b>Dental Services</b>	F865	QAPI Program/Plan, Disclosure/Good Faith Attempt	F943	Abuse, Neglect, and Exploitation Training
F790	Routine/Emergency Dental Services in SNFs	F867	QAPI/QAA Improvement Activities	F944	{PHASE-3} QAPI Training
F791	Routine/Emergency Dental Services in NFs	F868	QAA Committee	F945	{PHASE-3} Infection Control Training
<b>483.60</b>	<b>Food and Nutrition Services</b>	<b>483.80</b>	<b>Infection Control</b>	F946	{PHASE-3} Compliance and Ethics Training
F800	Provided Diet Meets Needs of Each Resident	F880	Infection Prevention & Control	F947	Required In-Service Training for Nurse Aides
F801	Qualified Dietary Staff	F881	Antibiotic Stewardship Program	F948	Training for Feeding Assistants
F802	Sufficient Dietary Support Personnel	F882	Infection Preventionist Qualifications/Role	F949	{PHASE-3} Behavioral Health Training
F803	Menus Meet Res Needs/Prep in Advance/Followed	F883	*Influenza and Pneumococcal Immunizations		
F804	Nutritive Value/Appear, Palatable/Prefer Temp	F884	**Reporting – National Health Safety Network		
F805	Food in Form to Meet Individual Needs	F885	Reporting – Residents, Representatives & Families		
F806	Resident Allergies, Preferences and Substitutes	F886	COVID-19 Testing-Residents & Staff		
F807	Drinks Avail to Meet Needs/P references/ Hydration	F887	COVID-19 Immunization		
F808	Therapeutic Diet Prescribed by Physician	F888	COVID-19 Vaccination of Facility Staff		
F809	Frequency of Meals/Snacks at Bedtime	<b>483.85</b>	<b>Compliance and Ethics Program</b>		
F810	Assistive Devices - Eating Equipment/Utensils	F895	{PHASE-3} Compliance and Ethics Program		



**Appendix Q:**

The most recent version of Appendix Q is housed at

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_q\\_immedjeopardy.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_q_immedjeopardy.pdf)

**Principles of Documentation (Exhibit 7A)**

The most recent version of Exhibit 7A, Principles of Documentation, is housed at

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107\\_exhibit\\_007a.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_007a.pdf)