CMS Guidance for Nursing Homes: Ensuring Compliance and Quality Care



AK **by Aysha Kuhlor**

Admission Agreements: Protecting Resident Rights and Rights and Financial Interests



Financial Safeguards

Protect resident finances with fair requirements and clear payment methods.



Proper Transfers

Ensure lawful transfers and discharges with valid reasons and due process.



Training and Enforcement

Train staff on resident rights to avoid penalties and ensure compliance.



Nursing Home Compliance Plan for Admission Agreements

1 **Revise Admission Agreements**

Remove third-party guarantee requirements and clarify billing policies to ensure they are easily understood by residents and their families.

2 **Staff Education and Training**

Train admissions, billing, and administrative staff on new CMS rules. Conduct quarterly competency evaluations on compliance with F627 & F628.

3 **Quarterly Review Process**

Audit 20% of admission agreements each quarter for compliance. Ensure that transfer/discharge notices meet CMS requirements.

4 **Resident & Family Education**

Provide residents with clear explanations of financial obligations. Ensure families understand their rights regarding Medicaid eligibility and payments.

Final CMS Compliance Readiness Check: Admission Agreements

Compliance

Admission agreements are fully compliant with CMS regulations.

Guarantees

No third-party guarantees are requested as a condition of admission.

Transfer

Transfer and discharge decisions are justified, documented, and provide due process.

Training

Staff are trained and competent in the new regulations.

Enforcement and Penalties for Non-Compliance: Admission Agreements



CMPs

Financial penalties for illegal payment guarantees.



Orders

Operational changes for misleading agreements.



Denial

Loss of Medicaid/Medicare reimbursement for non-compliant discharges.

Staffing and PBJ Reporting: Ensuring Ensuring Adequate Care and Transparency

Sufficient Staffing Levels

Facilities must provide adequate staff to meet resident care needs and comply with minimum staffing hours, including RN coverage and a full-time Director of Nursing (DON).

Accurate PBJ Data Submission Submission

Facilities must submit staffing hours, direct care classifications, and resident census data to CMS quarterly, adhering to established deadlines to avoid penalties.

Addressing Staffing Deficiencies

Nursing homes must have a corrective action plan for addressing staffing shortages, excessive use of agency staff, and documentation inconsistencies to maintain compliance.





Nursing Home Compliance Plan Plan for Staffing and PBJ

Staffing Sufficiency

Assign a compliance officer to monitor daily staffing levels and maintain an RN on-site for 8 hours daily, 7 days a week.

PBJ Data Accuracy Accuracy

Implement an automated payroll/timekeeping system that integrates with PBJ reporting and conduct weekly internal audits.

Staff Education

Train HR, payroll, and nursing supervisors on accurate PBJ data collection and provide quarterly refresher courses.



Final CMS Compliance Readiness Readiness Check: Staffing and and PBJ

Staffing

Facility meets or exceeds minimum staffing standards.

PBJ

PBJ submissions are accurate, timely, and aligned with payroll records.

Training

Staff is trained in timekeeping, staffing compliance, and PBJ regulations.

Psychotropic Medication Use: Ensuring Appropriate Appropriate Prescribing and Resident Safety

Preventing Unnecessary Use

Ensure medications are prescribed only when clinically appropriate and with informed consent. Avoid using them for staff convenience or as chemical restraints.

Behavioral Justification and Monitoring

All prescriptions must have documented medical necessity, behavioral tracking, and regular reassessment to ensure appropriate use and effectiveness.

Gradual Dose Reductions (GDRs) (GDRs)

Attempt GDRs for residents on psychotropic medications unless contraindicated. Ensure ongoing monitoring and resident/family consent.

Nursing Home Compliance Plan for Psychotropic Medication Use

1

Oversight Committee

Assign a medical director and pharmacist to oversee psychotropic medication use and conduct quarterly medication reviews.

2

GDR and Monitoring

Track behavioral changes and attempt GDR for all residents on psychotropic medications every six months unless contraindicated.

3

Informed Consent

Educate residents and families on medication risks, benefits, and alternatives, and obtain written informed consent.

4

Staff Training

Train nursing staff on medication side effects, monitoring, and reporting requirements, and educate CNAs on early identification of oversedation.



Final CMS Compliance Readiness Check: Psychotropic Medication Use



Necessity

All psychotropic medications have documented medical necessity and behavioral justification.



GDR

GDR is attempted at least every six months unless contraindicated.



Consent

Informed consent is obtained for all psychotropic medications.

Enforcement and Penalties for Non-Compliance: Psychotropic Medication Use

Jeopardy Citations

Immediate jeopardy citations for using medications as chemical restraints.

CMPs

Civil monetary penalties (CMPs) for failing to obtain consent or conduct proper medication reviews.

Reimbursement Denial

Denial of Medicare/Medicaid reimbursement for persistent medication mismanagement.

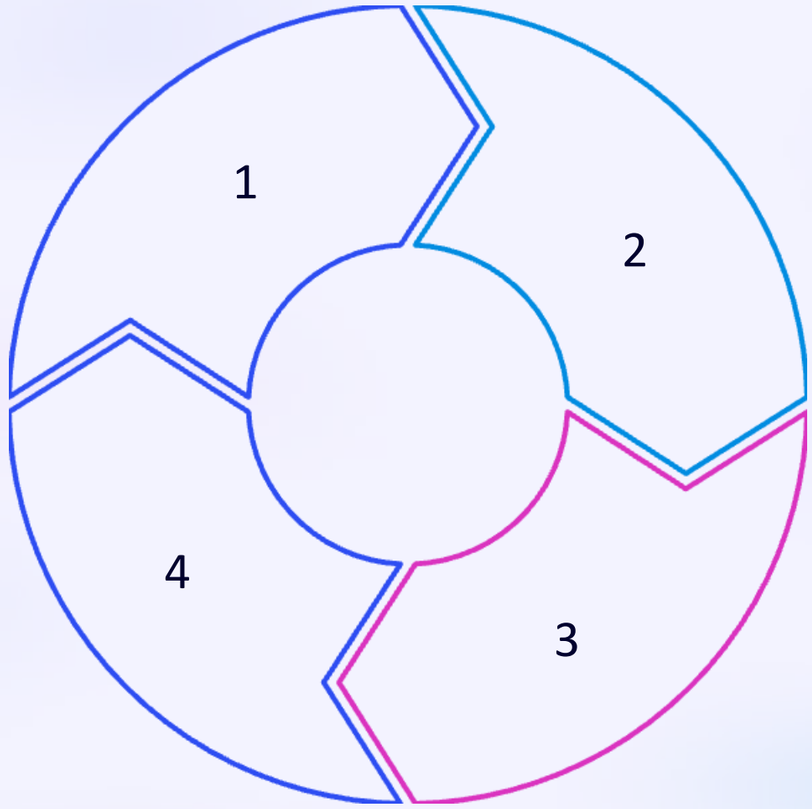
Medical Director Responsibilities: Ensuring Clinical Clinical Leadership and Quality Care

Oversight of Quality

The medical director must monitor clinical care, ensure compliance with facility policies, and guide improvements.

Pharmacy Oversight

Medical directors must work with pharmacists to review prescribing practices and ensure safe medication use.



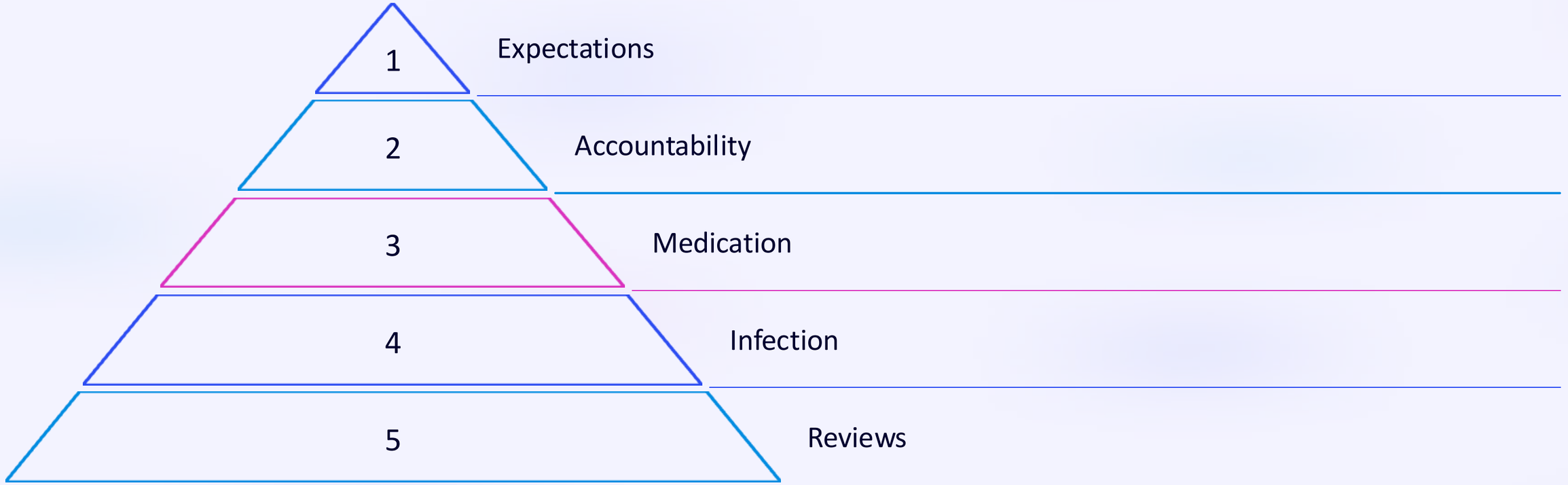
Physician Accountability

Nursing homes must hold physicians accountable for following regulatory expectations, including timely assessments and care documentation.

Integration with QAPI

Medical directors must actively participate in QAPI meetings, identify deficiencies, and implement corrective action plans.

Nursing Home Compliance Plan for Medical Director Oversight Oversight



Update the medical director contract to reflect new CMS requirements. Implement physician accountability measures and strengthen medication and pharmacy oversight. Improve infection control and emergency preparedness. Conduct quarterly medical director performance reviews.

Final CMS Compliance Readiness Check: Medical Director Oversight

1

Involvement

Medical director is actively involved in facility leadership, QAPI, and clinical oversight.

2

Accountability

Physicians are held accountable for timely and accurate resident assessments.

3

Medication

Medication prescribing and pharmacy oversight align with CMS best practices.



Enforcement and Penalties for for Non-Compliance: Medical Medical Director Oversight

1 **Jeopardy**

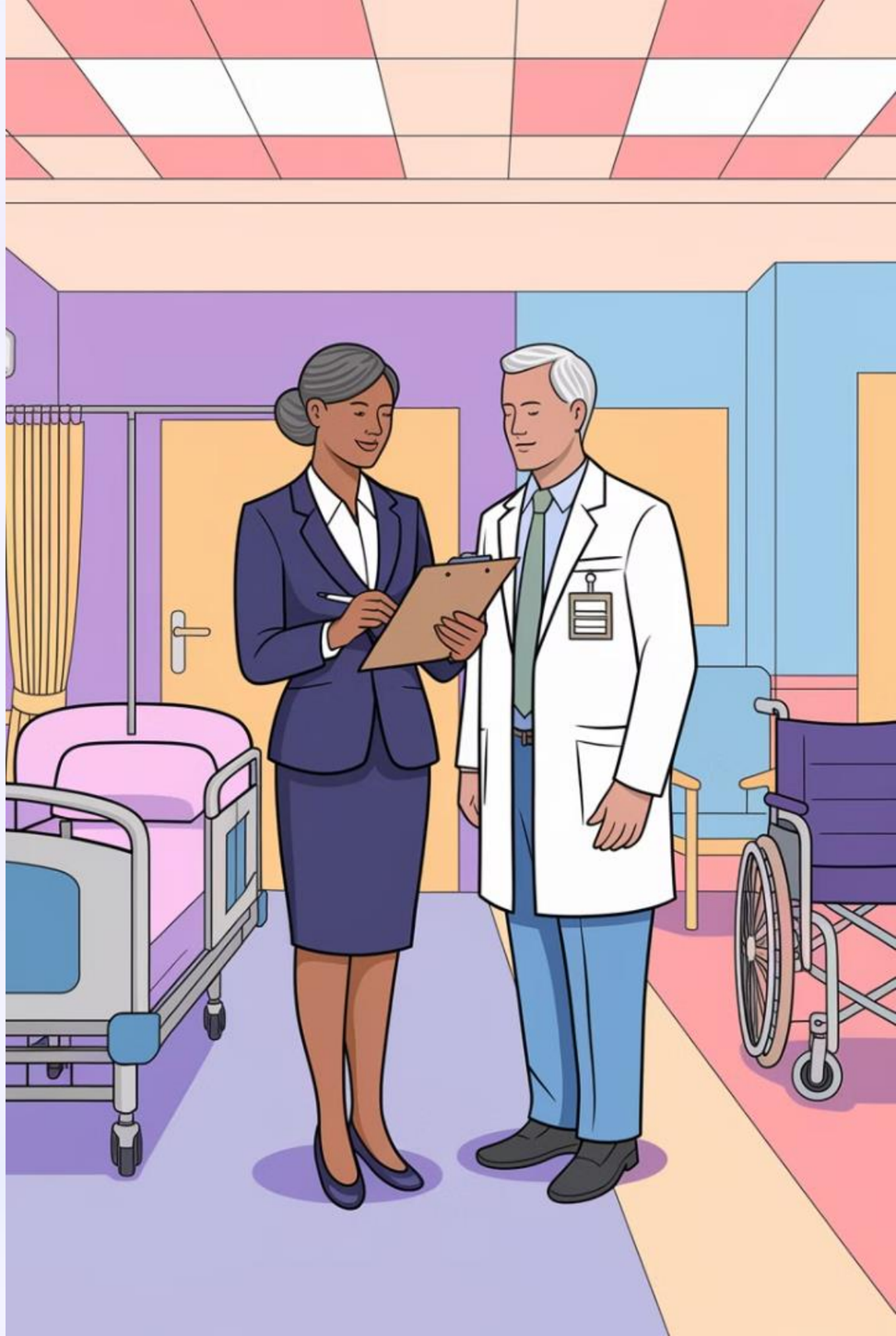
Immediate jeopardy citations for failure to provide proper medical oversight.

2 **CMPs**

Civil monetary penalties (CMPs) for high rates of avoidable hospitalizations or medication errors.

3 **Reimbursement**

Denial of Medicare/Medicaid reimbursement if the facility does not have an active medical director.



MDS Accuracy: Ensuring Comprehensive and Reliable Resident Assessments

1

Accuracy

Ensure MDS data accurately represents the resident's clinical status and functional abilities.

2

Documentation

All MDS responses must be backed by medical records, therapy notes, and nursing documentation.

3

Timeliness

Nursing homes must complete MDS assessments within regulatory timeframes and submit to CMS.

Avoid errors that affect payment and quality ratings. Ensure MDS training and staff competency.

Nursing Home Compliance Plan for MDS Accuracy

1

Accuracy

Strengthen MDS accuracy

2

Timeliness

Ensure timely completion and submission of MDS assessments

3

Documentation

Strengthen MDS documentation procedures

4

Training

Conduct staff training and competency assessments

5

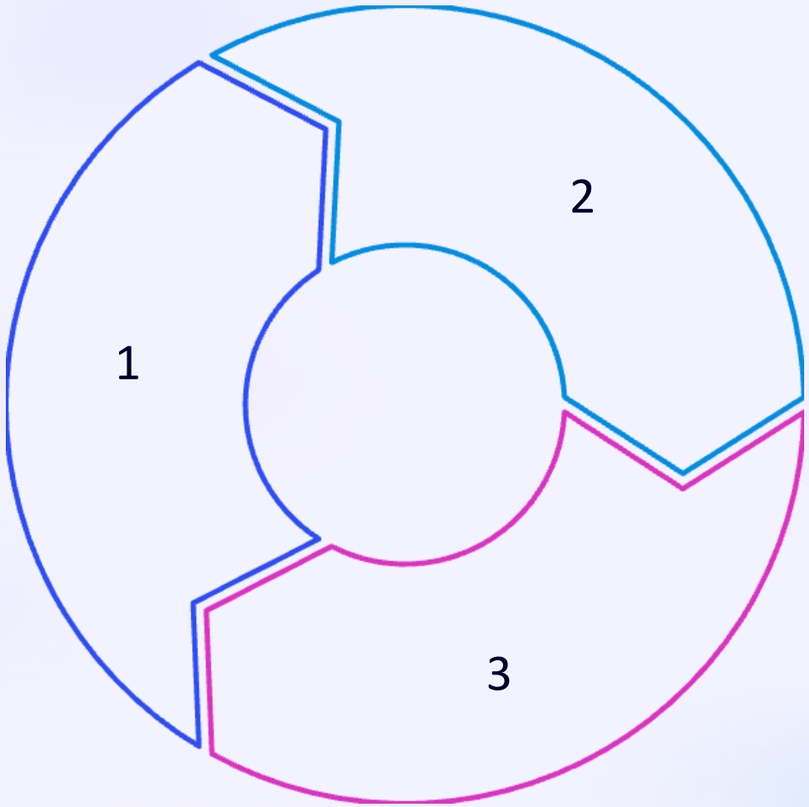
QAPI

Integrate MDS compliance into QAPI programs

Final CMS Compliance Readiness Check: MDS Accuracy

Accuracy

All MDS assessments accurately reflect resident conditions.



Timeliness

Timely completion of MDS assessments.

Verification

MDS data is verified and submitted correctly to CMS.

Enforcement and Penalties for for Non-Compliance: MDS Accuracy

CMPs

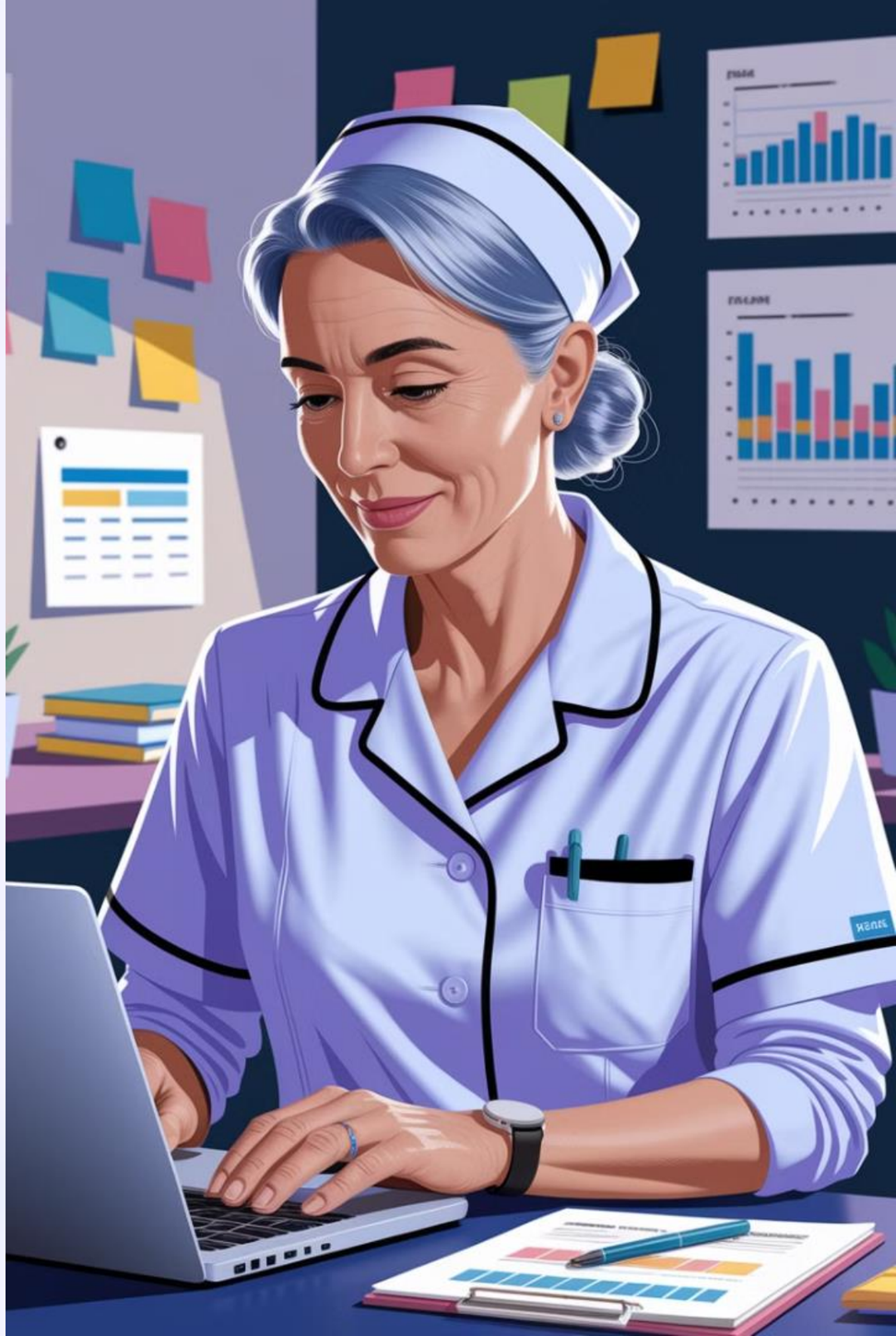
Civil Monetary Penalties (CMPs) for inaccurate MDS submissions.

Citations

Survey citations under F-Tag 641 for missing or inaccurate assessments.

Denial

Denial of reimbursement claims due to MDS documentation deficiencies.



Health Equity in QAPI: Addressing Disparities and Improving Outcomes



Incorporating Health Equity

Include health disparity data in QAPI plans.



Equitable Access

Ensure equal access to culturally competent care.



Staff Training

Educate staff on bias and cultural competence.

Nursing Home Compliance Plan for Health Equity in QAPI in QAPI

Data Collection

Implement a data tracking system to monitor disparities in care outcomes and ensure resident admission forms include race, ethnicity, language, and disability status.

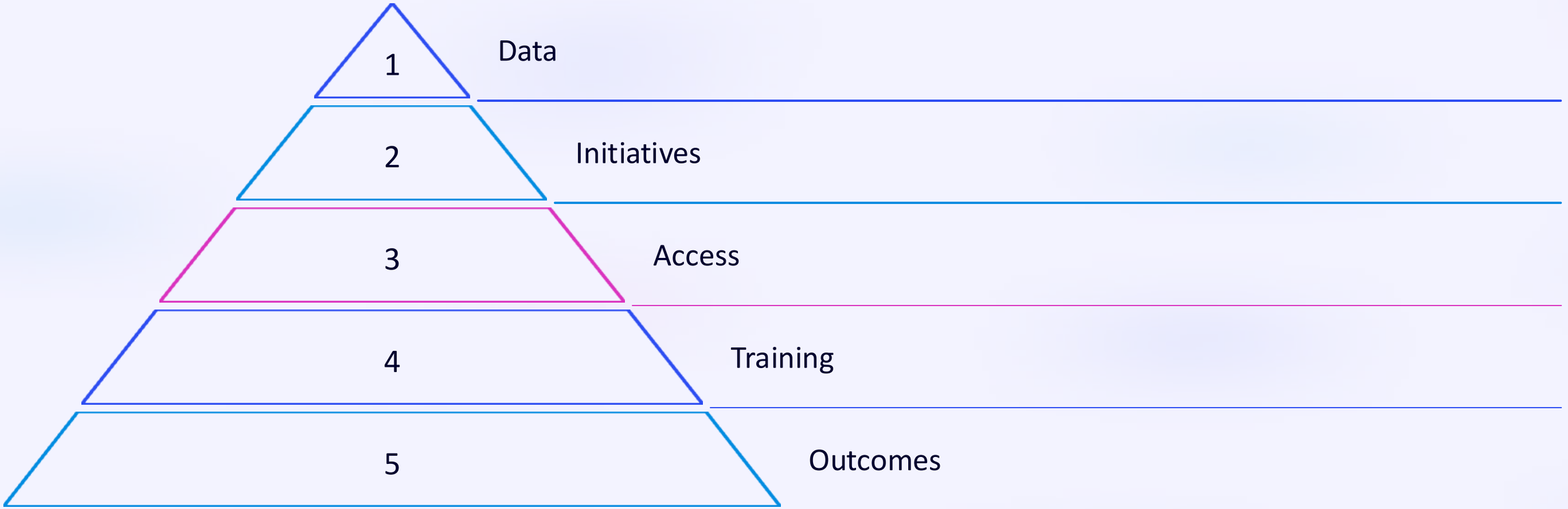
QAPI Integration

Include health disparities data as a required topic in QAPI meetings and assign a staff member to monitor equity initiatives.

Language Access

Ensure interpreters and translation services are available for non-English-speaking residents and provide cultural sensitivity training for staff.

Final CMS Compliance Readiness Check: Health Equity in Equity in QAPI



Resident data is collected and analyzed. Health equity initiatives are included in QAPI plans. Language access is in place. Staff is trained. Health outcomes are monitored.



Enforcement and Penalties for Non-Compliance: Health Equity in QAPI

Citations

Survey citations under F-Tags 865 & 867 if health equity data is missing from QAPI reports.

CMPs

Civil monetary penalties (CMPs) for failing to address identified disparities in care.

Five-Star

Lower Five-Star Ratings if disparities in hospitalization rates or medication errors are detected.

Pain Management: Providing Comprehensive and Individualized Care

1

Assessment

Regularly assess pain levels and document individualized treatment plans.

2

Comprehensive Strategies

Offer a multimodal approach, including non-opioid, non-pharmacologic, and opioid pain relief options.

3

Minimize Misuse

Promote responsible opioid prescribing and dose reductions when appropriate.

Nursing Home Compliance Plan for Plan for Pain Management

Assessment Protocol

Train staff on pain assessment tools and documentation best practices and ensure pain assessments are completed at admission and when conditions change.

Multimodal Approach

Develop a facility-wide policy requiring non-pharmacologic treatments first and review opioid prescribing practices to ensure compliance.

Review Team

Assign an interdisciplinary pain management team and conduct monthly audits to ensure proper documentation and address residents with poorly controlled pain.



Final CMS Compliance Readiness Check: Pain Management

1

Assessments

All residents receive documented pain assessments.

2

Treatment

Pain treatment plans follow a multimodal approach.

3

Therapy

Opioid therapy is monitored and reduced when possible.

Staff is trained. Pain management is incorporated into QAPI.



Enforcement and Penalties for Non-Compliance: Pain Management Management

1

Citations

Survey citations under F-Tag 697 for inadequate pain assessment or treatment.

2

CMPs

Civil monetary penalties (CMPs) for excessive opioid prescribing without alternatives.

3

Five-Star

Lower Five-Star Ratings if residents have high rates of untreated pain or opioid side effects.

CPR Certification and Emergency Response: Ensuring Readiness and Saving Lives

1

24/7 CPR Availability

Ensure at least one CPR-certified staff member is present on every shift.

2

Advance Directives

Honor DNR orders, aligning CPR initiation with resident preferences.

3

Emergency Equipment

Maintain readily available AEDs and emergency carts.

Nursing Home Compliance Plan for CPR and Emergency Response



CPR Coverage

CPR-certified staff on every shift.



Advance Directives

Honor DNR orders and identify resuscitation status.



Equipment Compliance

Regular AED checks and staff training.

Final CMS Compliance Readiness Check: CPR and Emergency Response



CPR Staff

All staff maintain current CPR certification, ensuring readiness for emergencies.



AED

Automated External Defibrillators (AEDs) are functional and readily accessible throughout the facility.



Directives

Advance directives are documented, reflecting resident wishes for end-of-life care.

Staff is trained in emergency response protocols and the use of life-saving equipment.



Enforcement and Penalties for Non-Compliance: CPR and Emergency Response

1

Citations

Survey citations under F-Tag 678 for failure to have CPR-trained staff available 24/7.

2

CMPs

Civil monetary penalties (CMPs) for inadequate emergency response protocols.

3

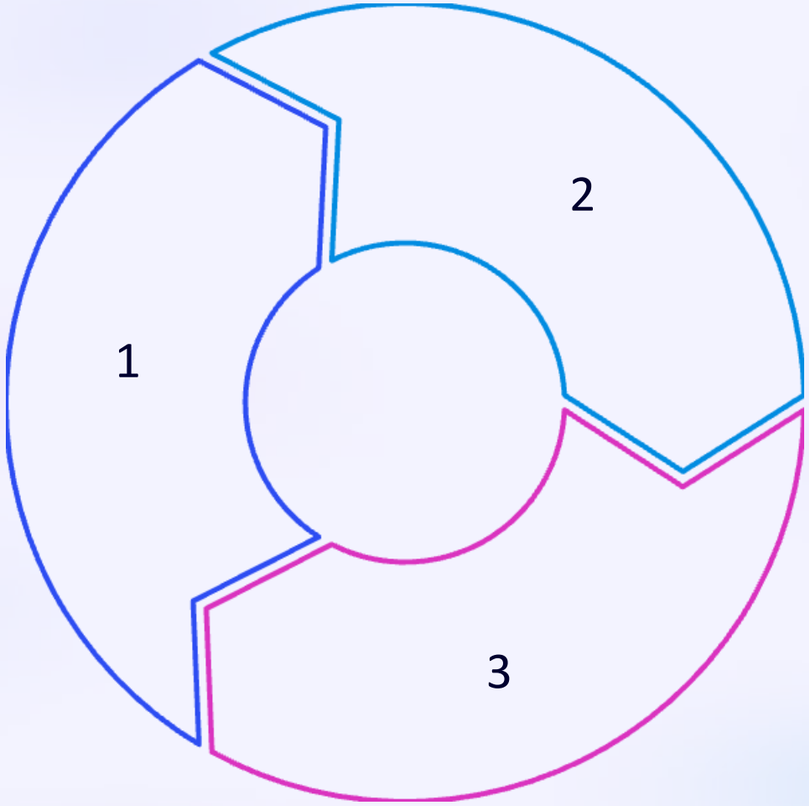
Jeopardy

Immediate jeopardy citations if a resident experiences a preventable fatal event due to CPR failure.

Emergency Preparedness and Infection Control Training Training

Emergency Training

Provide annual training on fire safety, natural disaster response, and active shooter protocols to ensure staff readiness.



PPE Compliance

Ensure staff demonstrate proper PPE use and hand hygiene compliance to prevent the spread of infections.

Infection Drills

Conduct quarterly infection control drills to reinforce best practices and assess staff competency.

Physical Environment: Maintaining a Safe Safe and Comfortable Setting

1

Safety and Accessibility

Nursing homes must ensure resident rooms, bathrooms, common areas, and corridors meet safety and ADA requirements for accessibility.

2

Environmental Controls

Facilities must maintain adequate lighting, temperature, ventilation, and emergency power systems to ensure resident comfort and safety.

3

Fire Safety

Nursing homes must adhere to fire prevention, suppression, and evacuation standards to protect residents and staff in case of emergencies.

4

Infection Prevention

Nursing homes must follow infection control protocols to prevent the spread of disease and maintain a sanitary environment for residents.



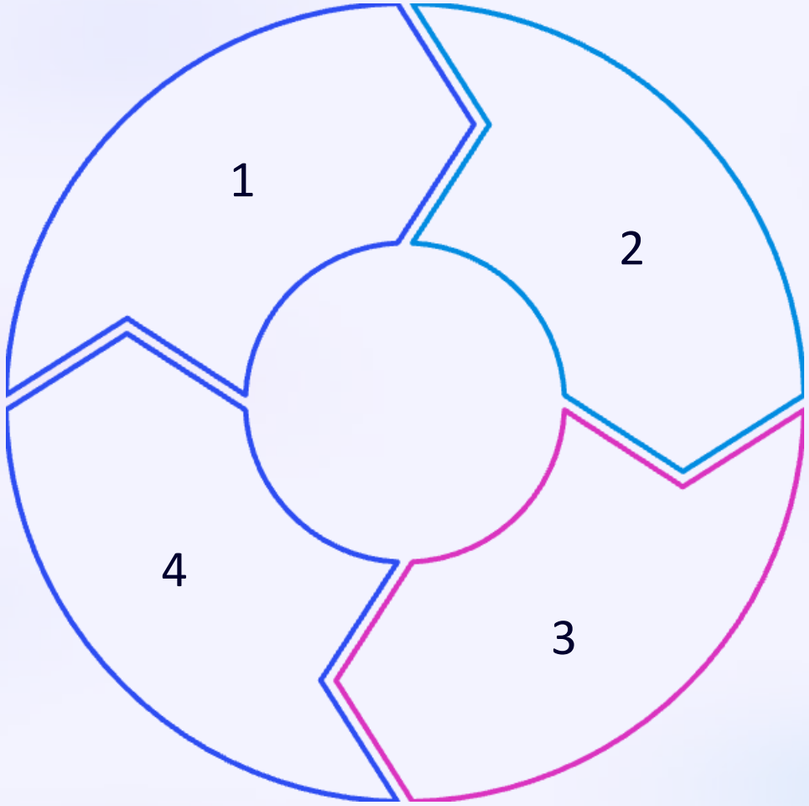
Nursing Home Compliance Plan for Physical Environment Maintenance

Safety Oversight

Assign a facility maintenance director responsible for compliance and conduct weekly safety rounds to inspect physical conditions.

Compliance Audits

Conduct quarterly facility compliance audits and monitor resident complaints related to facility conditions.



Fire Safety

Schedule quarterly fire drills for all staff shifts and perform monthly fire safety equipment checks to ensure readiness.

Sanitation Plan

Implement a comprehensive cleaning and sanitation plan and train housekeeping staff on CDC infection control guidelines.

Final CMS Compliance Readiness Check: Physical Environment



Cleanliness

Facility environment is clean and well-maintained.



Fire Safety

Fire safety protocols are followed.



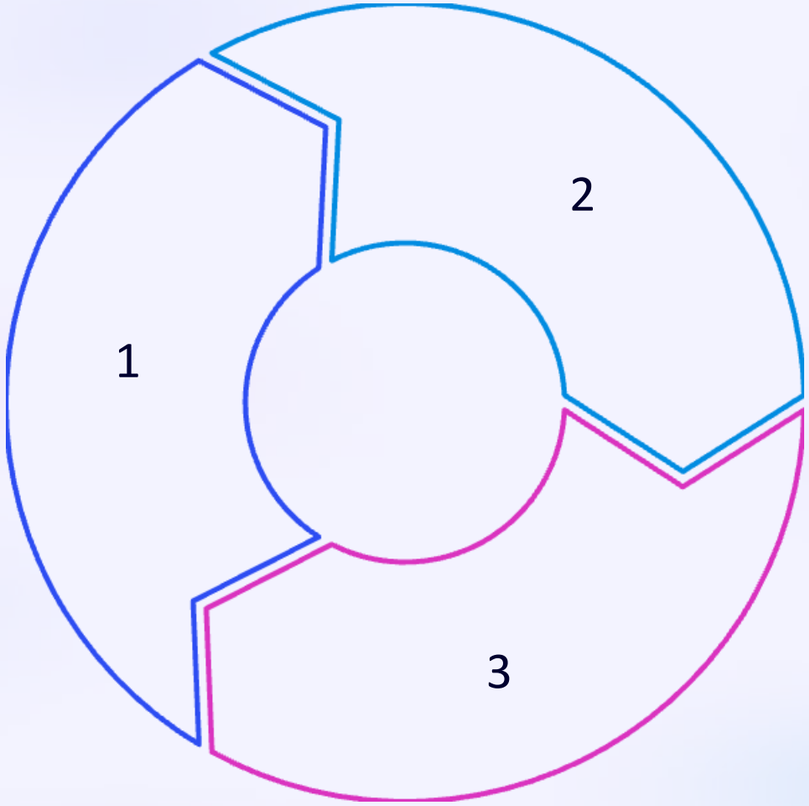
Accessibility

Residents have safe and comfortable living spaces.

Enforcement and Penalties for Non-Compliance: Physical Environment

Citations

Survey citations under F-Tag 910 for facility hazards or infection risks.



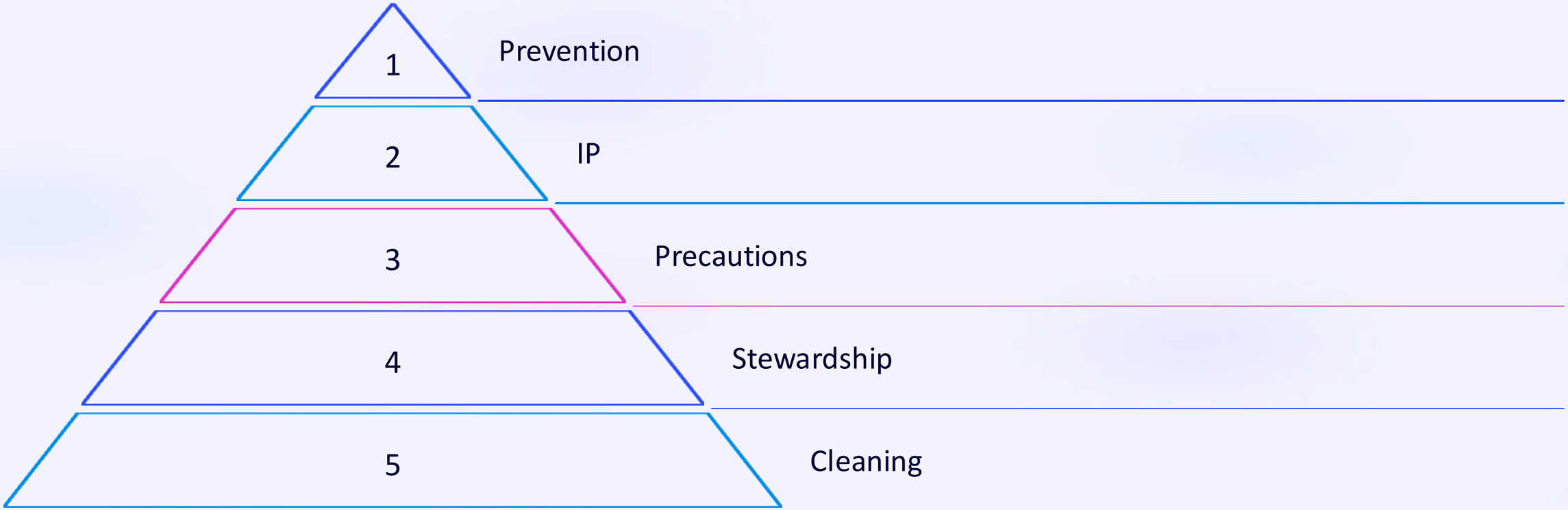
CMPs

Civil monetary penalties (CMPs) for non-functional fire alarms or inadequate infection control.

Reimbursement

Denial of Medicare/Medicaid reimbursement if major environmental deficiencies are identified.

Infection Prevention and Control: Protecting Residents and Residents and Staff



Facilities must have a comprehensive IPCP, a trained IP, EBP for MDROs, an ASP, and ensure environmental cleaning and PPE compliance.

Nursing Home Compliance Plan for Infection Prevention and Control

1

IPCP

Strengthen the IPCP and assign a full-time IP.

2

EBP

Ensure compliance with EBP.

3

ASP

Implement a comprehensive ASP.

Improve cleaning and disinfection. Conduct routine training and drills.

Final CMS Compliance Readiness Check: Infection Prevention and Control

IPCP

IP actively oversees the IPCP.

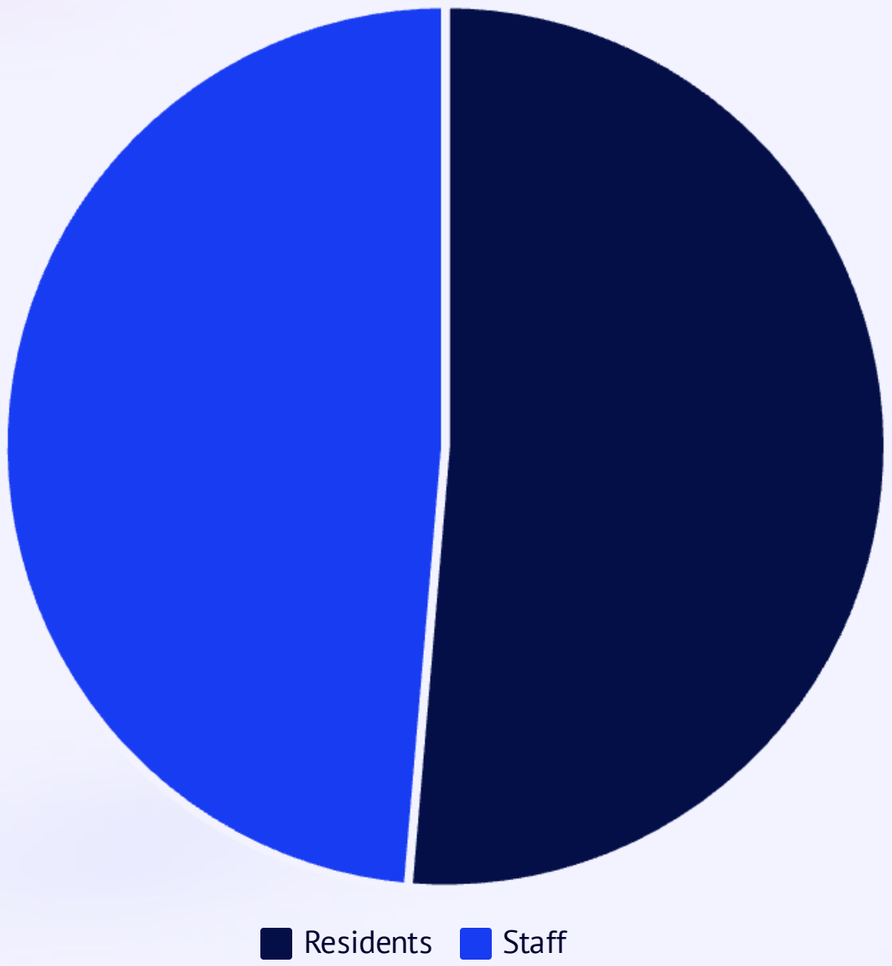
Precautions

EBP are implemented for all MDRO-positive residents.

Stewardship

ASP is fully operational and monitored.

COVID-19 Immunization: Protecting Residents and Staff



Facilities must offer COVID-19 vaccines to all eligible residents and staff upon admission or hire. Track and document vaccination status. Ensure informed consent and education. Comply with reporting requirements.

Nursing Home Compliance Plan for COVID-19 Immunization



Vaccination Policy

Implement a formal policy requiring vaccine offers upon admission and hire.



Vaccine Tracking

Strengthen vaccine tracking and documentation.



Education Efforts

Increase education and outreach efforts.



Final CMS Compliance Readiness Readiness Check: COVID-19 Immunization

1 **Vaccines**

All residents and staff are offered COVID-19 vaccines.

2 **Documentation**

Vaccination status is properly documented.

3 **Exemptions**

Exemptions are reviewed and documented.

Enforcement and Penalties for Non-Compliance: COVID-19 Immunization

1

Citations

Survey citations under F-Tag 887 for failure to offer vaccinations.

2

CMPs

Civil monetary penalties for missing records.

3

Reimbursement

Denial of reimbursement for non-compliance.

Lower Five-Star Ratings for low vaccination rates.

Staff Training and Resources: Ensuring Competency and Competency and Quality Care



Comprehensive Programs

Annual training on resident care, safety, and regulations.



Competency-Based Evaluations

Assessments in infection control, dementia care, and abuse prevention.



Interdisciplinary Education

Role-specific training for nurses, CNAs, therapists, and social workers.



Final CMS Compliance Readiness Readiness Check: Staff Training Training and Resources

Training

All staff complete required training.

Records

Training records are properly documented.

Monitoring

Leadership actively monitors staff education.



Nursing Home Compliance Plan for Staff Training and Competency Development

1 **Training Plan**

Implement a comprehensive training and competency plan for all departments to ensure staff are well-prepared for their roles.

2 **Documentation**

Strengthen documentation and audit procedures to maintain accurate training records and verify compliance with regulatory requirements.

3 **Emergency Training**

Enhance emergency preparedness and infection control training to ensure staff are ready to respond to emergencies and prevent infections.



Comprehensive Staff Training Programs (F-Tag 726)

Structured Programs

Develop structured, evidence-based training programs for all staff to ensure comprehensive education.

Resident-Centered Care

Provide training on resident-centered care, dementia management, and safety protocols to enhance the quality of care.

Continuing Education

Offer continuing education opportunities to enhance staff competency and keep them updated on best practices.



Competency-Based Evaluations and and Skills Assessments

1

Checklists

Use competency checklists and direct observation assessments to evaluate staff skills and knowledge.

2

Annual Evaluations

Conduct annual evaluations of nursing, therapy, and support staff skills to ensure they meet required standards.

3

Remedial Training

Implement remedial training for staff who fail competency assessments to address knowledge gaps and improve performance.



Interdisciplinary Team Training Requirements

1

Nursing-Specific

Provide nursing-specific training on wound care, medication administration, and infection control to enhance their clinical skills.

2

CNA Training

Ensure CNAs receive training on ADLs, resident engagement, and communication skills to improve resident care and satisfaction.

3

Therapy Staff

Train therapy staff on proper documentation, resident mobility, and pain management to optimize rehabilitation outcomes.

Enforcement and Penalties for Non-Compliance: Staff Staff Training and Resources

Non-compliance with staff training and resources can lead to the following:

1. **Citations**

   Regulatory citations for inadequate training programs.

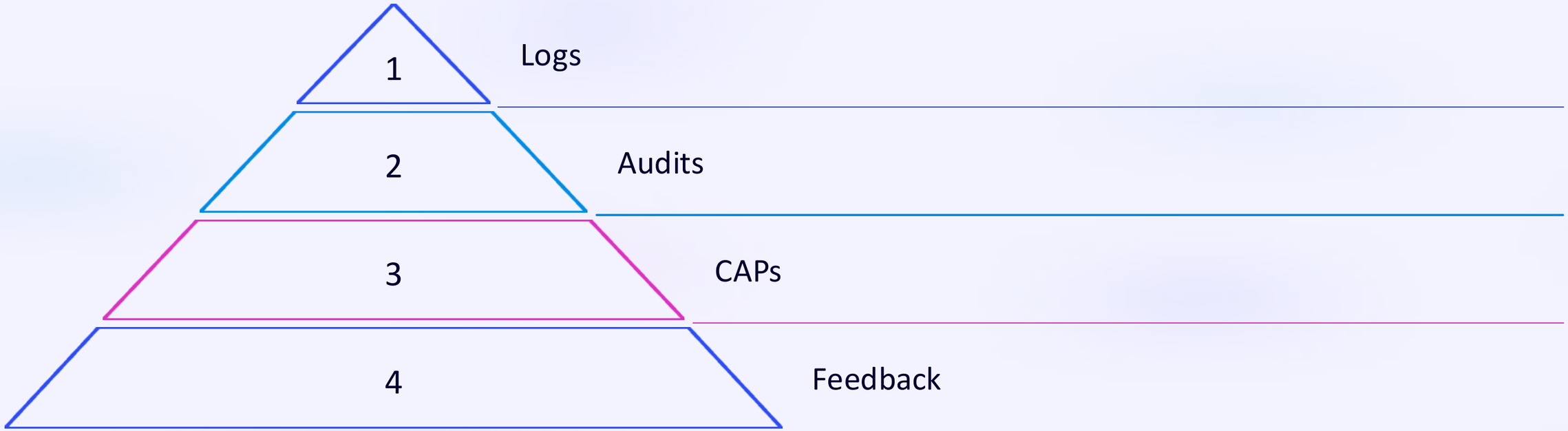
2. **CMPs**

   Financial penalties (CMPs) for failure to adequately train staff.

3. **Reimbursement Denials**

   Financial impact: Denial of reimbursement for facilities failing training audits.

Ongoing Training Documentation and Compliance Audits



Maintain detailed training logs for all staff. Conduct quarterly audits of training records. Provide corrective action plans. Ensure staff receive feedback.

Key Takeaways: CMS Compliance for Nursing Homes



Resident Rights

Protect resident rights to privacy, dignity, and respect, ensuring informed consent and freedom from coercion.



Quality Care

Meet CMS standards with individualized care plans, proper medication management, and adequate staffing.



Safety and Training

Maintain a safe environment with training in emergency preparedness and infection control.



Resources for Compliance

Utilize CMS guidelines and training for ongoing compliance and quality care.

Next Steps: Achieving and Maintaining CMS Compliance

Review and Update Policies

Regularly review and update policies to align with the latest CMS regulations.

1

Provide Staff Training

Ensure ongoing compliance by providing comprehensive staff training on CMS requirements.

3

2

Conduct Internal Audits

Conduct frequent internal audits to assess compliance and identify areas for improvement.

Continuous improvement in these key areas ensures ongoing compliance and quality care.

Resources: CMS and CDC Guidelines



CMS Website

Visit the CMS website for the latest regulations, guidance, and updates on nursing home compliance.



CDC Website

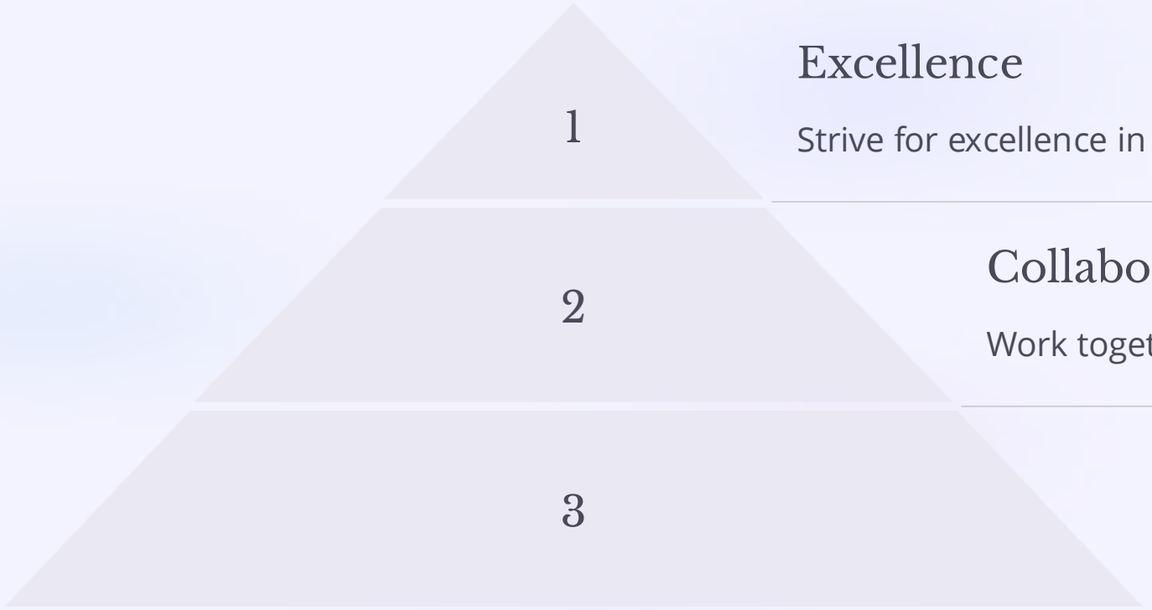
Refer to the CDC website for infection control guidelines, vaccination recommendations, and emergency preparedness resources.



Professional Organizations

Consult professional organizations and industry experts for support and guidance on achieving and maintaining CMS compliance.

Ensuring Quality Care for Our Residents



Excellence

Strive for excellence in all aspects of care

Collaboration

Work together for a supportive environment

Commitment

Provide high-quality care and ensure compliance

Thank you for your dedication to quality care and CMS compliance. By working together, we create a safe and supportive environment, striving for excellence in all aspects of nursing home care.

Q&A Session

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