

Past Noncompliance & FRIs: Getting It Right the First Time

Hawley Hunt, MBA, MHA, LNHA

Senior Director, Regulatory and Quality Services



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Objectives

Explain

- Explain the regulatory requirements for Past Noncompliance and Facility-Reported Incidents.

Identify

- Identify common triggers for FRIs and how surveyors assess compliance with reporting and follow-up.

Implement

- Implement best practices to reduce the risk of further citations and strengthen internal response systems.

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What is Past Noncompliance?

1.
 - The facility was not in compliance with the specific regulatory requirement(s) as referenced by the specific F-tag at the time the situation occurred.
2.
 - The noncompliance occurred after the exit date of the last standard survey and before the survey (standard, complaint, or revisit) currently being conducted.
3.
 - There is sufficient evidence that the facility corrected the noncompliance and is in substantial compliance at the time of the current survey for the specific regulatory requirement(s), as referenced by the F-tag.



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What are the benefits of PNC?

Benefit to residents



No POC



Lower CMPs



Care Compare



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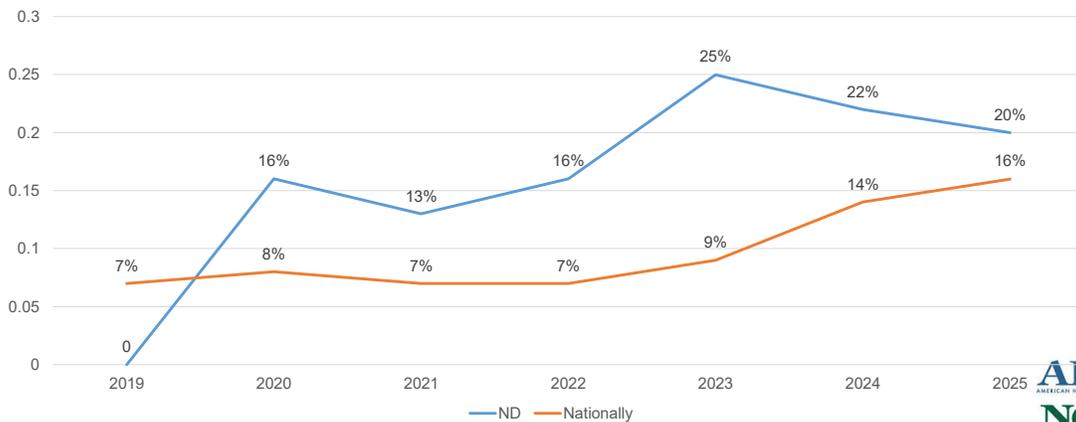
What does the surveyor review?

- Review is completed through observations, interviews, and record reviews.
- Any interventions established for the resident affected, and any other residents who have the potential to be affected by the deficient practice.
- Any updates to Care Plans (as appropriate).
- Any updates to policies and procedures, because of the event.
- Root cause analysis of what occurred.
- Any repairs to equipment.
- All staff training completed. This should be 100% for all staff and contracted staff.
- Any staffing changes made because of the incident.
- QA monitoring tools and ongoing monitoring.

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Past Noncompliance in ND vs the Nation



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Self-Identification

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Adverse Events

Some adverse events that occur in nursing homes that warrant an internal plan of correction and investigation include, **but are not limited to:**

1. An elopement
2. A medication error
3. A fall with injury
4. Repeat falls
5. An allegation of abuse, neglect, or misappropriation of resident property
6. Unexpected pressure injuries
7. Injury/incident in the company's or contractor's vehicle
8. Injury with a mechanical lift
9. Uncontrolled spread of infection
10. Burns by liquids/hot water temps
11. Side rail entrapment
12. Choking, wrong diet

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First Step!

Assess the resident involved in the incident and ensure he/she is safe.

9

Second Step!

Remove the perpetrator involved in the pending investigation (if applicable).

10

Third Step!

Report to all applicable agencies and law enforcement (if applicable).

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Self-Identification- What Leads you There?

- Staff
- Families
- Clinical meeting
- Grievances
- Outside entities
 - Hospitals
 - EMS



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Most Importantly...



Walking rounds



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You Identified an Adverse Event,
What's next?

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Internal Plan of Correction	
Facility team has identified a potential Adverse Event and has implemented the following Plan of Correction to ensure continuing high standards of Quality of Care and compliance with state and federal regulations.	
Date and Time of the Event:	
Description (brief of Event):	
Residents Impacted:	
Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.	
Address how the facility will identify other residents having the potential to be affected by the same deficient practice.	

Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not recur; (including, but not limited to in servicing completed).
Indicate how the facility plans to monitor its performance to make sure that compliance is sustained.

Supplemental Documentation specific to the event has been submitted to facility QAPI committee.

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Initial Audits

- Examples include:
 - Elopement- you will need to complete a full-building headcount to ensure all other residents are accounted for.
 - Diversion of medications- do an audit to count all other narcotics to ensure there are not others missing.
 - Medication error- audit of other medications to ensure a similar medication error has not occurred with this resident, or others.
 - Concern from a resident- review grievance log to ensure there are no other similar concerns from other residents.
 - Abuse, neglect, or misappropriation- ask all residents on an assignment (if allegation is about a specific employee) or throughout the entire building if no specific alleged perpetrator. For residents that are not interviewable- complete a full body assessment to ensure no signs of abuse.



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Ad Hoc QA Meeting

Do not wait until your next scheduled QA meeting to discuss.

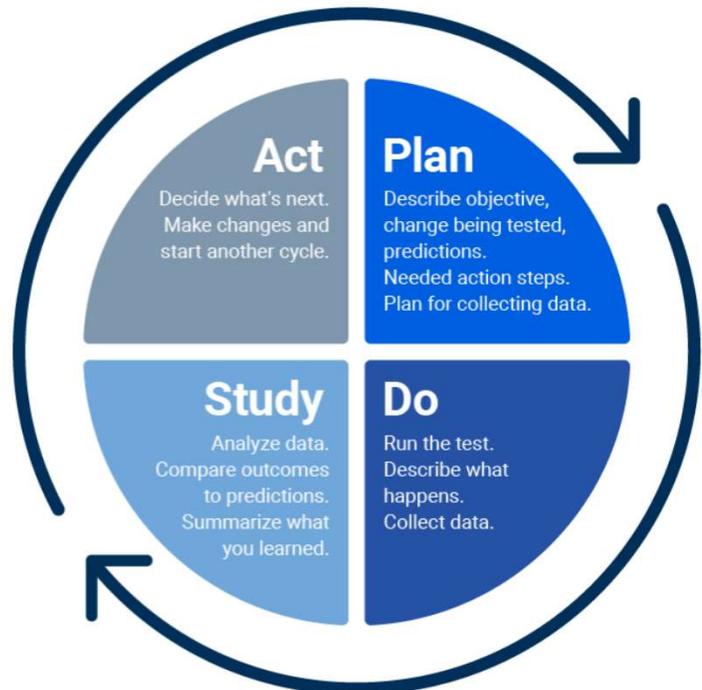
- An ad hoc QA meeting should be held as soon as possible, after an adverse event is identified.
- All appropriate staff should be in attendance, including any appropriate front-line staff who have knowledge of the incident/event prompting the meeting.
 - Take attendance by having staff sign into the meeting.
- Discuss/document an initial Root Cause Analysis of what occurred.
- Discuss, determine, and document any interventions needed and implemented.



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PDSA Cycle Template

- Once the facility has had an opportunity to begin thinking through what interventions they plan to develop, and the facility has held their ad hoc QA meeting, it is now time to begin working through the PDSA cycle.
- A [PDSA Cycle tool](#) can be utilized to document any work the facility has initiated, because of the adverse event.



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What is Root Cause Analysis?

- A systematic process for identifying contributing causal factors that underlie variations in performance.
- It is designed to get to the underlying cause of a problem.
 - This leads to identification of **effective** interventions that can be implemented to make improvements.
- RCA focuses on systems and processes.
- RCA takes practice and can be a valuable tool for performance improvement.

Helpful hint: be sure to start with a problem and not the solution. It is tempting to assume we know what will fix the problem before we've thoroughly examined it. Assumptions are often wrong and may hinder complete analysis of the underlying causes.

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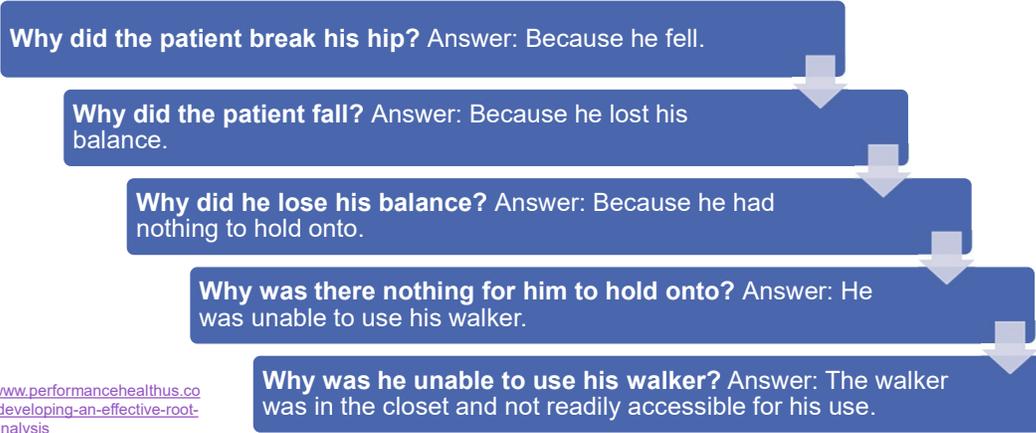
1. Identify the event to be investigated and gather preliminary information
2. Charter and select team facilitator and team members
3. Describe what happened
4. Identify the contributing factors
5. Identify the root causes
6. Design and implement changes to eliminate the root causes
7. Measure the success of changes

[Guidance for Performing Root Cause Analysis \(RCA\) with PIPs \(cms.gov\)](#)

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Five Why's: Example



<https://www.performancehealthus.com/blog/developing-an-effective-root-cause-analysis>



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Pilot Test on a Micro Scale

- Pilot test on 1 unit, 1 staff, 1 resident, 1 day
 - Find staff that are supportive of new program
 - Optimal if they are respected by peers
 - Announce you are pilot testing a new program
 - Promote the 1 unit, “1 staff” doing the pilot
 - Make changes based on staff feedback
 - After a few changes, add additional staff 1 at a time



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Root Cause Analysis: Start with Mindset



“ To address this mistake we need to utilise our thorough system of root cause analysis. I will begin, if I may, by pointing out that it’s not my fault”

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Staff Education



ONCE YOU HAVE ESTABLISHED THE RCA, YOU MUST BEGIN EDUCATING STAFF.



THIS EDUCATION SHOULD BE WITH ALL APPROPRIATE STAFF, ENSURING THAT CONTRACT STAFF IS TRAINED.

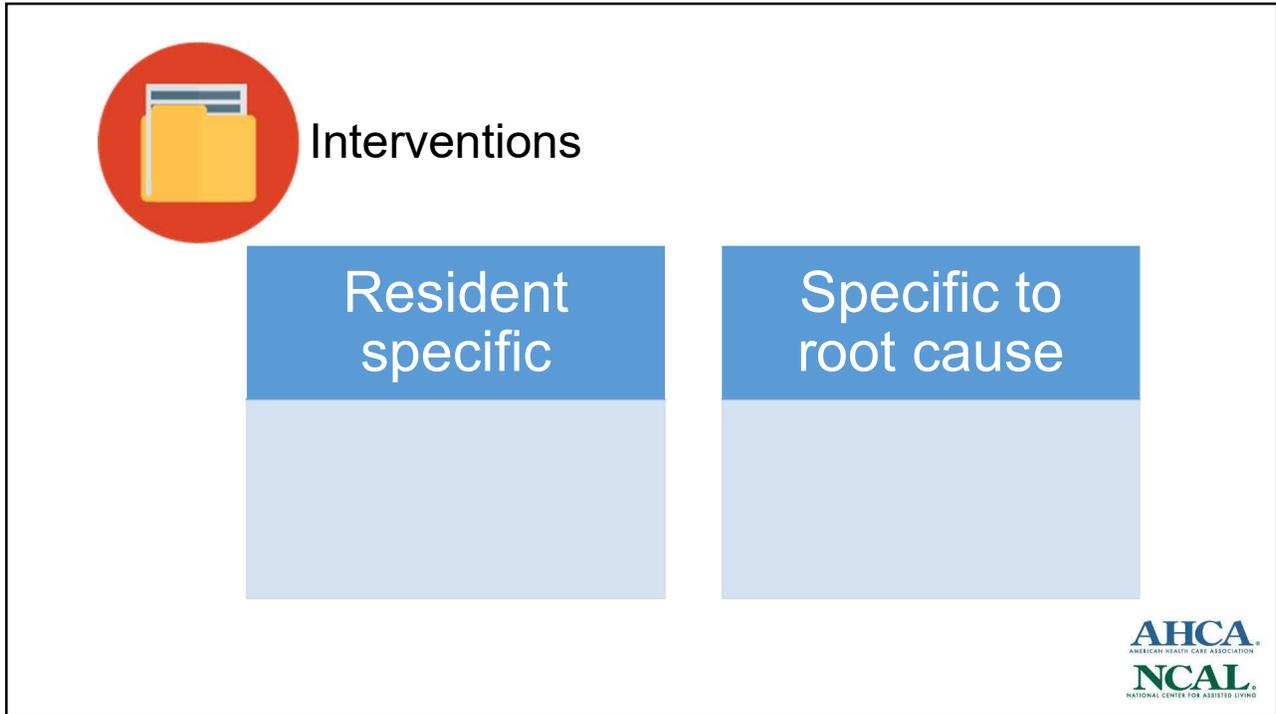


A SIGN-IN SHEET SHOULD BE MAINTAINED IN YOUR RECORD TO PROVE EVERYONE WAS TRAINED ON THE TOPIC.



RETURN DEMONSTRATION COULD BE APPROPRIATE, DEPENDING ON THE TOPIC FOR TRAINING.

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The diagram features a red circle on the left containing a yellow folder icon with two white documents. To the right of this icon is the word "Interventions" in a black sans-serif font. Below this, there are two identical vertical rectangular boxes. Each box is divided into two horizontal sections: a top section with a dark blue background and white text, and a bottom section with a light blue background. The left box's top section contains the text "Resident specific", and the right box's top section contains the text "Specific to root cause". In the bottom right corner of the diagram area, there is a logo for AHCA (American Health Care Association) and NCAL (National Center for Assisted Living).

Interventions

Resident specific

Specific to root cause

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Ongoing QA Monitoring

-  Establishing QA
-  Responsible person
-  QA Schedule
-  Calendar

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 Timelines/Documentation

Binder Timelines Statements

 **AHCA**
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NCAL
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 What are some common reasons PNC is not achieved?

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What are common reasons preventing PNC?

- Missed a step in the process.
- Lack of timelines from the appropriate front-line staff.
- Delay in initiating the investigation and/or audits.
- Lack of thorough investigation and RCA.



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Staff Education

- Educate 100%
- Print List of Staff
- Contract Staff
- Orientation Materials



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Advocating for PNC During a Survey

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Advocating During a Survey

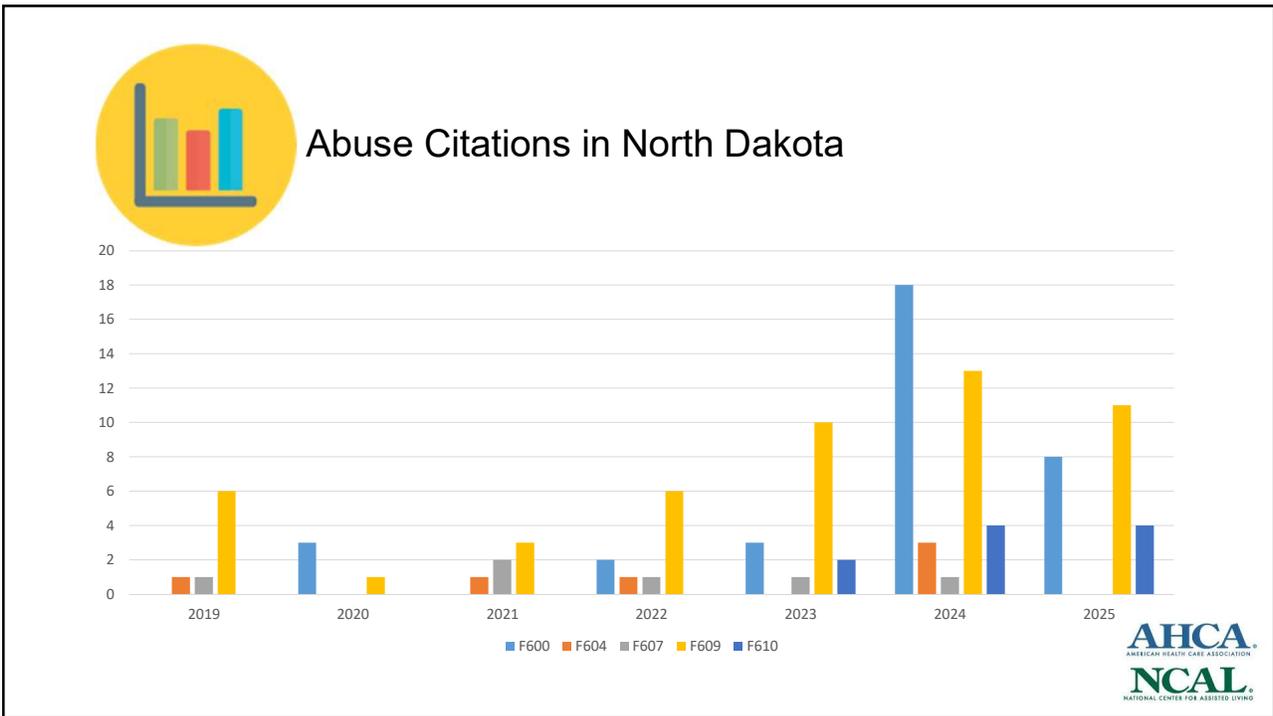
- Sometimes, surveyors are reluctant to review plans for PNC.
- If that is the case, the facility leadership must advocate to the survey team to review the items in their PNC.
- Provide the survey team with the items you have completed, including your audit tools (initial and ongoing), education provided to staff, and any root cause analysis that led to your interventions developed.
- It is also important to provide any documentation and/or timelines you have prepared so they have a full understanding of what your team has prepared.
- If the surveyors are reluctant to review what you have prepared, you should speak with the team lead about PNC and what citations you believe you have already addressed.
- Surveyors have been advised to review for PNC at any scope and severity.

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Abuse, Neglect, and Misappropriation of Resident Property

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Abuse Reporting

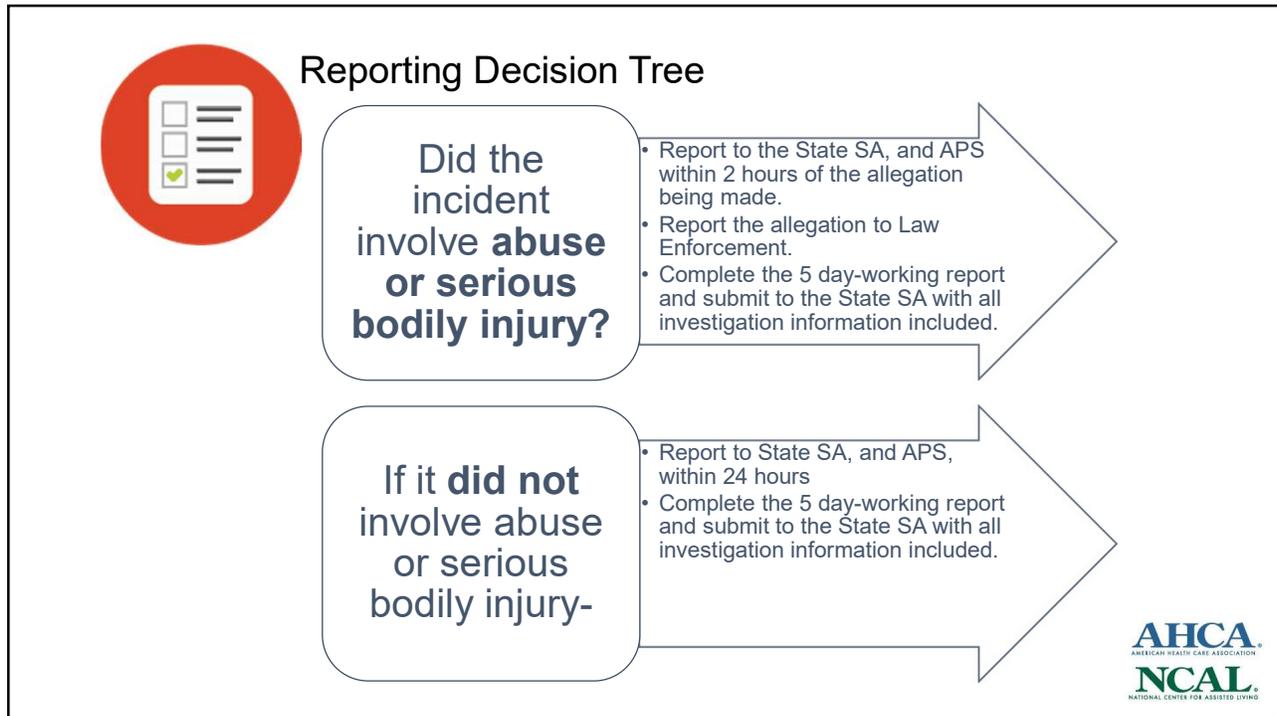
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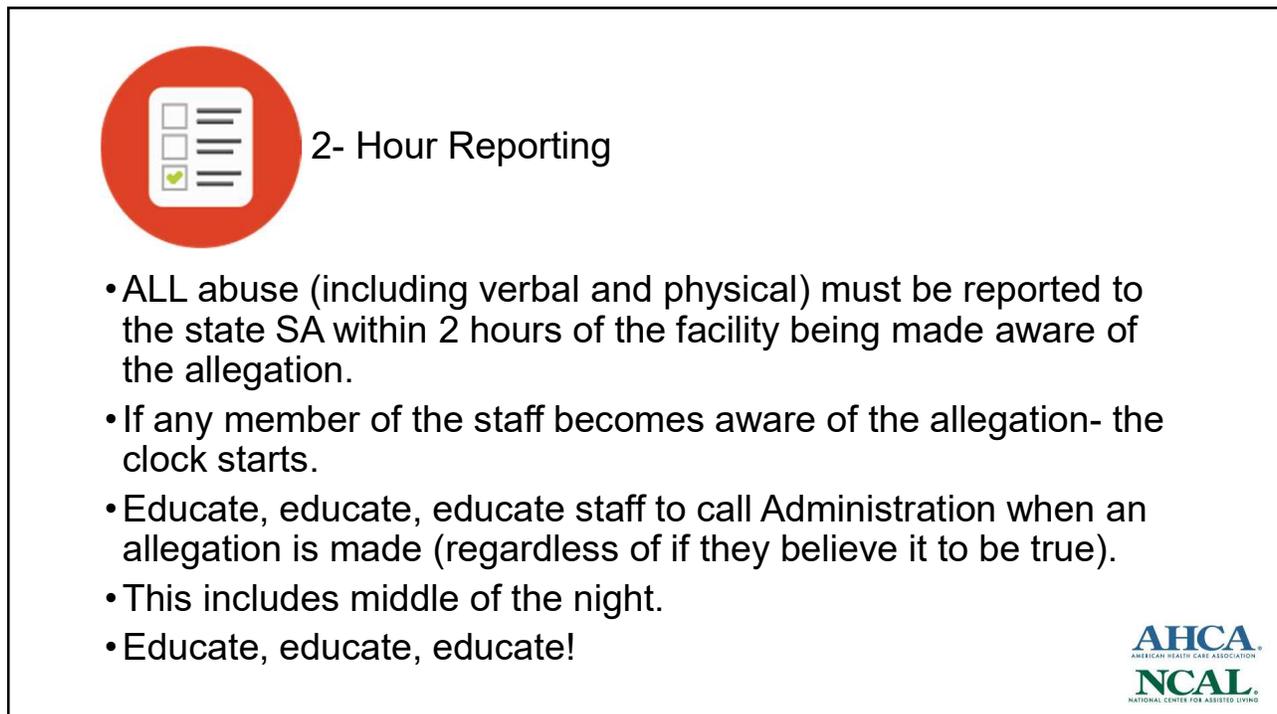
Reporting- F609

Facilities must ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involved abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities).

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Important Note about Reporting

- If someone (a visitor, resident, another health care provider) makes the facility aware of an incident, they do not have to identify it as abuse.
- If the facility staff could **REASONBLY** conclude that the potential exists for noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown origin, and misappropriation, then it would be reportable and require action.



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Reporting to Local Law Enforcement

- Law Enforcement is defined as the full range of potential responders to elder abuse, neglect, and exploitation including police, sheriffs, detectives, public safety officers, corrections personnel; prosecutors; medical examiners; investigators; and coroners.
- Any allegation, where there is reasonable suspicion of a crime should be reported to Local Law Enforcement, as well as the SSA.
- For RI there are specific requirements.
- Not all cases of resident to resident will rise to the level of being reportable to law enforcement.



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How to report Abuse in ND [Health and Human Services Website](#)

NORTH Dakota | Health & Human Services
Be Legendary.

Session Time Remaining 0:57 minutes

Initial Allegation of Mistreatment, Abuse, Neglect, or Theft and Facility Reported Incidents Reporting Form

Facilities please use this form to report an incident. Once the form is submitted there will be a PDF copy for you to print.

Facility Information

Please provide the information below. If you don't see the name of the facility in the drop-down, please select Unlisted and add the name of the facility in the Other Name text box.

Facility Name*	Other Name	Phone Number*
<input type="text" value="Please select"/>	<input type="text"/>	<input type="text" value="999-999-9999"/>
Caller's Name*	Email address for feedback from department*	
<input type="text"/>	<input type="text" value="user@domain.com"/>	




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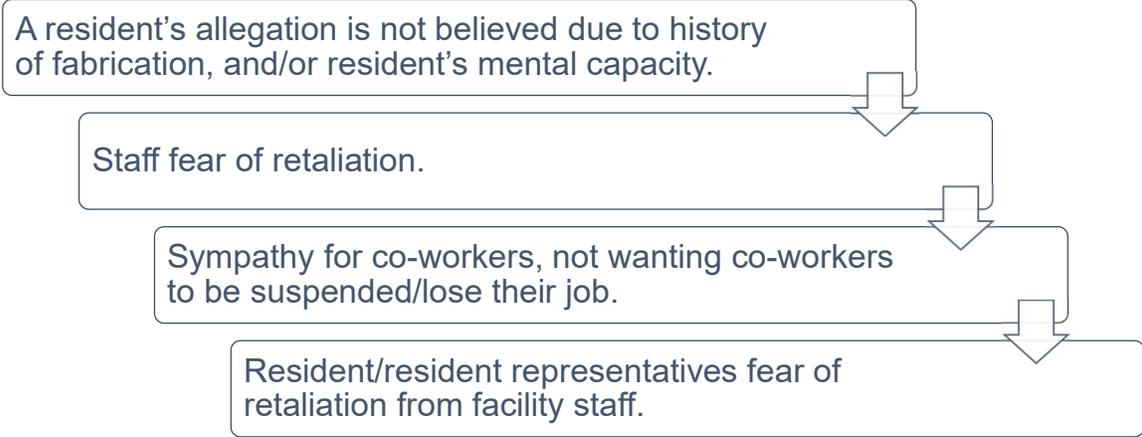
How to report Abuse in ND [Health and Human Services Website](#)

How do you plan to protect all residents during the time you are investigating this allegation?*




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Reasons Why Facilities Don't Report (When they should)



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Case Studies

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Case Study- 1

- A resident attempted to go into the laundry room to retrieve his missing clothes.
- The activity director found him there, and according to the resident, slapped him because he was where he shouldn't have been.
- The resident reported this to the Administrator and his family.
- The Administrator called the police, and they investigated the incident.

What else should the Administrator have done?



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Case Study- 2

- Nurse Aide, Ann, reports to the night shift supervisor that during her rounds, Sara reported to her that the day shift aide called her a bad word and threw her from her wheelchair to her bed.
- What should the night shift supervisor do?
- What should the Administrator do?
- How soon should this allegation be reported to the State Survey Agency?
- Who should the Administrator talk to in completing her investigation?



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Case Study- 2

- The Administrator interviews Ann (who the resident first reported the allegation to), the aide the allegation was about, the resident (who has a BIMs of 15), and all other residents with a BIMs of 15 on the aide's assignment.
- Residents, on her assignment, with a BIMs less than 13, have a skin check completed.
- The Administrator finds that other residents have had the same concerns with this aide.
- What's next for the investigation/reporting requirements?



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Case Study- 3

- Mary reports that an expensive ring, which she normally keeps in a drawer in her room when she is not wearing it, has been stolen.
 - What do you do first?
- After a few hours of looking, Mary's ring was found in her purse. Do you need to report this incident since Mary initially thought it had been stolen?
- It has been 12 hours since Mary reported the loss, and it cannot be located. Now what? Do you need to report? When and to whom?
- A few days later, Mary's daughter is at the facility and you let her know about the missing ring. The daughter reports that the week before, her mom had asked her to take it to get it cleaned and she was bringing it back that day. So, the ring was never lost at all – Mary just forgot that she asked her daughter to get it cleaned. What should you do?
 - Would your answer to the last question change if it was 10 days instead of 3 days later?



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Case Study- 4

- Jimmy is a generally cantankerous person, but he is especially mean to Bob who sits at his table and is in the room next door to him. Jimmy calls Bob names and makes fun of him at the dinner table. Jimmy also uses his scooter to try to block Bob from going down the hallway and says things like “I’m in charge here and you have to fight to get past me.”
 - Is this abuse?
 - What if Bob has dementia and doesn’t really understand what Jimmy is doing – is it still abuse?
 - What if Bob says that Jimmy’s actions don’t bother him?
 - What reporting is required?
 - In addition to reporting, what should be done?
 - What if Jimmy’s behavior was not targeted at Bob and he is just generally cantankerous?
 - What if Jimmy has a mental disorder or cognitive impairment?



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Case Study- 5

- CNA Steve likes to joke around with the Residents. It is generally lighthearted and well received by the Residents. One night while joking around with a co-worker, Steve takes a Snapchat video of himself tickling the nose of a Resident who is sleeping. The Resident has dementia and did not wake up to Steve’s tickling. Steve posts this on Snapchat with the statement “Nothing will wake this guy up. 😊”
 - Should the co-worker report this to the Administrator?
 - Is this reportable and if so, when?
 - What if Steve only shared the Snapchat with other co-workers?
 - What investigation should be done?
 - What should happen to Steve while the investigation is being completed?
 - What corrective actions may need to be taken (specific to Steve or facility wide)?



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Long Term Care Civil Money Penalty (CMP) Analytic Tool

Introduction

CMS locations have a variety of enforcement remedies to choose from in addressing noncompliance by a facility. These remedies include civil money penalties, denial of payment for all individuals, discretionary denial of payment for new admissions, mandatory denial of payment (new admissions 3-months), directed in-service training, directed plan of correction, discretionary termination, mandatory termination, state monitoring, temporary management, transfer of residents, and transfer of residents/closure of facility. Not all situations require the same remedies. The CMS location should use the enforcement remedy most appropriate in considering the level/severity of harm to the resident, the context behind the facility noncompliance, and the type of enforcement that has the best chance of the facility achieving future compliance.

All CMS locations are required to use the following CMP Analytic Tool and [Instructions \(opens in a new window\)](#): (1) to choose the appropriate type of CMP to be imposed; and (2) to calculate the CMP amount, when the CMS location determines that a CMP is an appropriate remedy to impose. The CMS location must complete all sections of the tool that apply to the type of CMP selected. The CMP Analytic Tool steps and instructions are also available in the [CMP Analytic Tool User's Guide \(PDF\)](#). Though remedies are usually imposed on Level 3 and Level 4 deficiencies, depending upon the circumstances, CMS locations may impose CMPs for level 2 deficiencies based on the factors listed in 42 CFR 488.404 and 488.438(f).

*Notes: Use a separate calculation for each Life Safety Code (LSC) CMP, Health Survey CMP, or any new or changed CMP within a noncompliance cycle. For factors that may result in an increase in the CMP (e.g., culpability, facility history of noncompliance, etc.), only calculate those factors one time for each survey. Apply the added dollar amounts to each CMP you impose per survey, unless otherwise instructed. Always use the tool and User's Guide at this site (save in your bookmarks/favorites) for the most current version. Required fields are marked with an asterisk.**

Select the Calculation Type

Calculation Type: *

Preliminary

Final

Select "Final" if in compliance or terminated.

[S&C QCOR Home Page](#)



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CMP Type: *

For each instance where a CMP will be imposed for a facility, select only one CMP Type to be used: Per Day or Per Instance.

- Per Instance - Impose a Per Instance CMP for past noncompliance. (If the CMS location believes that a per day CMP is warranted, prior to CMP imposition contact the Survey and Operations Group Director and Division Director for concurrence.)**
- Per Instance - Impose one or more Per Instance CMPs: (If the CMS location believes that a per day CMP is warranted, prior to CMP imposition contact the Survey and Operations Group Director and Division Director for concurrence.)**
 - a. For findings of noncompliance that are cited at S/S of "G" or "J" and the deficient practice was a "singular event" of noncompliance and not abuse; or
 - b. Where a facility has a good compliance history and the noncompliance is not of the type described in the first Per Day checkbox below, a. through d.
- Per Day - Impose a Per Day CMP beginning on the earliest date the facility staff engaged in deficient practices in relation to the tag that is driving the CMP until substantial compliance is achieved if:**
 - a. IJ is cited with harm to a resident that is not a "singular event"; or
 - b. Abuse was cited at actual harm or IJ and one or more residents suffered level 3 or 4 harm; or
 - c. IJ is cited on the current survey and the same tag was cited at a S/S of "G" or above on any prior survey within the last calendar of the current survey; or
 - d. Deficiencies at a S/S of "H" or "I"
- Per Day - Impose a Per Day CMP beginning on the entry day of the survey until substantial compliance is achieved for all other situations.**



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Select the CMP Start and End Dates (Only for Per Day CMPs)

Per Day CMP Start Date - Per Day CMPs will either begin on the entry date of the survey or before the survey began, specifically on the earliest date the facility staff engaged in deficient practices in relation to the tag that is driving the CMP. Refer to the "Select the CMP Type" to determine when Per Day CMPs start. If the tool directs you to start a CMP before the survey began, but you cannot determine that date by reviewing the 2567, start the CMP on the entry date of the survey.

Per Day CMP End Date - Per Day CMPs should end the day before the date substantial compliance is achieved. For IJs that last one day only, impose the IJ-level CMP for that day. For IJs that last more than one day, do not impose the IJ level CMP on the day that IJ was removed.

CMP Per Day Start Date:
Enter the date in mm/dd/yyyy format.

CMP Per Day End Date:
Enter the date in mm/dd/yyyy format. The CMP End Date is required for Final Calculations.

Select the CMP Base Amount

Reference: 42 CFR 488.404(b).

CMP Base Amount: *
Select the highest S/S level for the base Calculated CMP Amount.

IJ Removed

Calculated CMP Amount: \$



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Is There a History of Facility Noncompliance?

Reference: 42 CFR 488.438(f)(1).

If a facility has had any deficiencies cited at a S/S of "G" or above on any survey (standard, complaint, or revisit) conducted in the past 3 calendar years, add an amount indicated below based on the S/S pattern/trend of [a facility's noncompliance history](#).

Facility Noncompliance Amount Added:

Select the amount to add to the Calculated CMP Amount.

Calculated CMP Amount: \$

Are There Repeated Deficiencies?

Reference: 42 CFR 488.438(d)(2)(3).

Increase the CMP penalty amount for any repeated deficiencies for which a CMP penalty was previously imposed. "Repeated Deficiencies" are deficiencies within the same regulatory grouping of requirements under which deficiencies were cited at the last survey of the same survey type (Health, LSC, EP), subsequently corrected, and cited again at the next survey.

Repeated Deficiencies Amount Added:

Select the amount to add to the Calculated CMP Amount based on the highest S/S level of the repeat deficiencies.

Calculated CMP Amount: \$

Are There Multiple Deficiencies?

Reference: 42 CFR 488.404(c)(1).

Survey findings that include multiple deficiencies can indicate a systemic problem relating to the noncompliance, as opposed to a survey that identifies a singular or a few incident(s) of noncompliance. For surveys with 7 or more deficiencies, add an amount between the ranges indicated below. The scope and severity of the deficiencies should also be considered. ~~As the number increases, and/or the level of S/S increases, the amount added should increase.~~

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Is Facility Culpability a Factor?

Reference: 42 CFR 488.438(f)(4).

Add an amount indicated below if culpability is a factor above the base level of noncompliance, and is evidenced in the 2567. [Culpability](#) as defined in the regulation refers to situations which include, but are not limited to, neglect, indifference, or disregard for resident care, comfort or safety.

Base Culpability Amount Added:

Select the amount to add to the Calculated CMP Amount based on the highest S/S level cited.

Facility Culpability Rationale:

Calculated CMP Amount: \$

[QCOR and CMP Analytical Tool Tutorials](#)



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Training to Improve Quality of Care

- Alzheimer’s Disease and Dementia
- Wound Care
- Patient Safety
- Trauma Centered Care
- Pain Management
- Cultural Sensitivity
- Culture Change
- Person-Centered Care
- Safe Medication Management
- Oral Health
- Non-Pharmaceutical Solutions
- Falls Education



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Activities to Improve Quality of Life

- Horticulture/Gardening
- Music Therapy
- Animal Therapy Including Robotic Pets
- **Note, CMS will not fund complex, high-cost technology, such as virtual reality, artificial intelligence, or simulation projects.
- Reading and Memory Interventions
- Crafting
- Activities and games fostering movement and function which may include activities (e.g., Tai Chi), group games (e.g., bingo with movement components), or technology-assisted games (e.g., Nintendo Wii movement games).



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Resources for CMPRP

- [QSO-23-23-NH](#)- Civil Money Penalty Reinvestment Program
- [CMPRP](#)
- [CMPRP: Applications](#)
- Regulatory@ahca.org
- [Civil Money Penalty Grant Awards Program - Mississippi Division of Medicaid](#)
 - Toll-free: 800-421-2408
 - Phone: 601-359-6141
 - Fax: 601-359-9521
 - CMPGrants@medicaid.ms.gov
 - Primary point of contact: Laquita.reed@medicaid.ms.gov



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Regulatory Resources

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<p>AHCA AMERICAN HEALTH CARE ASSOCIATION</p> <h2>REGULATORY RESOURCES</h2> <p>Skilled nursing and long-term care facilities are required to follow extensive rules in the Requirements of Participation (ROP) to receive payment under the CMS Medicare or Medicaid programs. These requirements are contained in the Federal Regulations for Nursing Facilities, which also state each center must comply with all applicable Federal, State, and local laws, regulations, and codes with accepted professional standards. AHCA provides members guidance and resources to help understand the survey process and implement the requirements.</p> <p><i>Newly added resources are in orange text.</i></p> <hr/> <p>§483.10 Resident Rights</p> <ul style="list-style-type: none"> • E-Tag Focus §483.10 – Resident Rights • Tips for Meeting Requirements for Notifications of a Change in Condition in Skilled Nursing Facilities (Tips for Meeting F580 Failure to Notify) • Turning Complaints into Compliments Toolkit <ul style="list-style-type: none"> ◦ Turning Complaints into Compliments Guide <p>§483.12 Freedom from Abuse, Neglect, and Exploitation</p> <ul style="list-style-type: none"> • Action Brief: §483.12 Freedom from Abuse, Neglect, and Exploitation • E-Tag Focus §483.12 Freedom from Abuse, Neglect, and Exploitation • Provider Self-Assessment and Mitigation Tools for Resident to Resident Occurrences • Abuse and Neglect: <ul style="list-style-type: none"> ◦ Webinar ◦ Tip Sheets • Survey Tip – Abuse Neglect and Misappropriation of Resident Property • Survey Tip – Documenting Protection on Abuse Reporting • Survey Tip – Reporting Resident to Resident Altercations <p>§483.15 Admission, Transfer, and Discharge</p> <ul style="list-style-type: none"> • E-Tag Focus §483.15 – Admission, Transfer, and Discharge • Discharges – Making the Safest Transition for Your Residents • Tool: Information Accompanying Resident at Discharge or Transfer – §483.15(c)(2) 	<p>AHCA AMERICAN HEALTH CARE ASSOCIATION</p> <h2>REGULATORY RESOURCES</h2> <p>§483.21 Comprehensive Resident Centered Care Plan</p> <ul style="list-style-type: none"> • §483.21(b)(3) - Comprehensive Care Plans F656 Culturally Competent and/or Trauma Informed • Tool: Care Planning §483.21 <p>§483.24 Quality of Life</p> <ul style="list-style-type: none"> • E-Tag Focus §483.24 – Activities of Daily Living • Tips for Meeting the Cardiopulmonary Resuscitation Requirements in Skilled Nursing Facilities <p>§483.25 Quality of Care</p> <ul style="list-style-type: none"> • Accident – How to Stay Ahead of F689 and Keep Your Residents Safe • Action Briefs: <ul style="list-style-type: none"> ◦ Accident Tags: F689 Learning from Common “Accident” Deficiencies ◦ Trauma-Informed Care §483.25(m) • Behavioral Health and Trauma Informed Care • Building Prevention in Every Day Practice: A Framework for Successful Clinical Outcomes • ESRD Tip Sheet • Falls Prevention Guide • Nursing Centers Action Plan Response for Adverse Events • Opioid Use: What Do We Do & How? • Pressure Injury Prevention and Wound Management in LTC • Screening and Prevention: Tools for Reducing Older Adult Falls • Survey Tips – F689 and Past Noncompliance <p>§483.30 Physician Services / §483.35 Nursing Services</p> <ul style="list-style-type: none"> • Action Brief: §483.35 Nursing Services • E-Tag Focus – §483.30 Physician Services and §483.35 Nursing Services • Medical Director Toolkit
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Return to Homepage

Survey, Regulatory & Legal

Every skilled nursing center certified to provide care to Medicare and Medicaid beneficiaries must comply with the Federal Requirements of Participation. These requirements are contained in the Federal Regulations for Nursing Facilities, which also state each center must comply with all applicable Federal, State, and local laws, regulations, and codes with accepted professional standards.

Here you will find helpful resources needed to understand and develop systems to meet requirements and regulations that fall under the Requirements of Participation, survey preparedness, emergency preparedness, fire, and life safety, payroll-based journal (PBJ), and the CMS Five-Star Quality Rating System on Nursing Home Compare.

F-TAG ACTION BRIEFS, TOOLS & MORE ON ROP

Discover action briefs and tools to help you better understand the Phase 2 updates and Phase 3 new guidance, including F-Tag Action Briefs, which complement weekly Focus F-Tag summaries and feature implementation strategies and tips.

Be Survey Ready! Avoid Common Citations With These Courses

- Infection Prevention: Specialized Training - IPED
- AHCA's ROP eCompetencies®
- QAPI Prep
- Trauma-Informed Care Training
- Accidents- How to Stay Ahead of MHR and Keep Your Residents Safe
- Creating Inclusive Communities for LGBTQ+ and HIV+ Older Adults

FOCUS F-TAGS: GUIDANCE FOR ROP PHASE 2 AND 3

On June 29, 2022, CMS released new guidance for Requirements of Participation Phase 3. Each week through October, AHCA will highlight a particular F-tag(s) to help providers better understand the Phase 2 updates and Phase 3 new guidance. Providers can find Focus F-Tag weekly summaries on this page.

Please refer to [Appendix PP: Guidance to Surveyors for Long-Term Care Facilities](#) for the most up to date regulations and guidance.

FOCUS F-TAG WEEKLY SUMMARIES

- §483.12-Freedom from Abuse, Neglect, and Exploitation
- §483.15-Admission, Transfer, and Discharge
- §483.21(c)(3)-Comprehensive Care Plans
- §483.24-Activities of Daily Living
- §483.30-Physician Services and §483.35 - Nursing Services

<https://educate.ahcancal.org/Clinical-Practice>

<https://www.ahcancal.org/Survey-Regulatory-Legal/Pages/Survey-Preparedness.aspx>

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Nursing Home Administration: Beyond the Essentials

This on-demand training provides a comprehensive review of a variety of topics affecting how administrators run skilled nursing facilities.

The modules relate to all aspects of facility management including:

- Financial
- Clinical
- Regulatory
- Leadership

Under each of these overarching topics are detailed webinars reviewing important areas.

[AHCA Education: Nursing Home Administration: Beyond the Essentials](#)

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LEARNING THE MINIMUM DATA SET

Basic Training for the Interdisciplinary Team

The Ultimate Resource and Boot Camp Covering MDS Essentials for Nurses, Administrators, Social Workers, and the Entire MDS Team to Improve Accuracy and Efficiency!

GO TO [AHCANCAL.ORG/MDS](https://ahcancal.org/mds) FOR MORE INFORMATION



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AHCA's [Five-Star Quality Rating System](#) Education Program has been updated to reflect the July changes.



THE FIVE-STAR QUALITY RATING SYSTEM



1.5 NAB and 1.5 CONTACT HOURS through the Iowa Board of Nursing are available upon course completion.

\$40 AHCA/NCAL Members
\$80 Non-Members

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ACCIDENTS
How To Stay Ahead of F689 and Keep Your Residents Safe

AHCA
AMERICAN HEALTH CARE ASSOCIATION

- The [Accidents Webinar](#) will review regulations related to supervision to avoid accidents. It also pulls together various resources available on ahcancalED, as well as external resources. The Webinar provides resources for development of policies to remain compliant with accident regulations. Finally, real-life case studies will be reviewed with explanations for what facilities should do if similar events occur.
- **Registration is \$40 AHCA/NCAL Members | \$80 Non-members**
- **1.25 NAB approved CEs are available upon completion and 1.0 contact hours for nurses through the Iowa Board of Nursing.**
- **Audience: Facility leadership, DONs, and Administrators, Regional Staff**
- [Blog post about Electronic Cigarettes](#)

AHCA
AMERICAN HEALTH CARE ASSOCIATION
NCAL
NATIONAL CENTER FOR ASSISTED LIVING

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HealthCap
Elopement
Prevention
and
Management
Toolkit

2022
Elopement Prevention
& Management Toolkit

HealthCap
RISK MANAGEMENT SERVICES

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☆ Falls Prevention Guide

- The purpose of this guide is to help long term care providers develop, implement and sustain an effective falls prevention program.
 - Developed by members of the AHCA Clinical Practice Committee, who have expertise and experience in building successful Fall Prevention programs.
- To best meet each providers unique needs, the program is built around six distinct modules, each focusing on a key component of an effective Falls Prevention program.

- | | |
|--------------------------------|-------------------------|
| ○ Regulatory Requirements | ○ Maintaining Function |
| ○ Creating a Culture of Safety | ○ Post-Falls Management |
| ○ Falls Education | ○ Falls QAPI |



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Infection Control and Prevention Resources

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IPCO
Infection Preventionist
Specialized Training

Recommended for Administrators Too!

- AHCA/NCAL's Infection Preventionist Specialized Training (IPCO) is recommended for individuals responsible for infection prevention and control in all long-term care settings and is specifically tailored to train Infection Preventionists (IPs) in nursing facilities.

The comprehensive IPCO training covers:

- COVID-19
- Other common pathogens
- Multidrug-resistant organisms
- Antibiotic stewardship
- Water management and more

Cost: AHCA/NCAL members for \$450 and non-members for \$650.



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THE NATIONAL INFECTION PREVENTION FORUM

Join the **National Infection Prevention Forum**, a collaborative online space for all infection preventionists working in long term care. Best of all it is free regardless of certification status or membership in any organization! The Forum utilizes AHCA/NCAL's Connect Community platform. Learn more about how the Forum works and join to get started. Need help or have questions? Contact the NIPF team at LTC-NIPFhelp@ahca.org.

JOIN THE CONVERSATION TODAY

INFECTION PREVENTION & CONTROL

- 🔗 [Tips For Meeting The Linen Requirements In Skilled Nursing Facilities](#)
- 🔗 [Tips for Meeting the Immunization Requirements in Skilled Nursing and LTC](#)
- 🔗 [Tips for Meeting the Infection Preventionist Requirements in Skilled Nursing and LTC](#)
- 🔗 [Infection Prevention & Control Officer \(IPCO\) Certificate Training](#)
- 🔗 [CDC's Long Term Care Website](#)
This site organizes existing infection prevention guidance and resources into sections for clinical staff, infection prevention coordinators, and residents.
- 🔗 [Core Elements of Antibiotic Stewardship in Nursing Homes](#)
This resource is designed to help nursing homes improve antibiotic prescribing practices and reduce inappropriate use to protect residents from the consequences of antibiotic-resistant infections, such as C. difficile.
- 🔗 [Antibiotic Stewardship](#)
Get Smart for Healthcare is focused on improving antibiotic use in inpatient healthcare settings through the implementation of antibiotic stewardship programs designed to ensure that patients receive the right antibiotic, at the right dose, at the right time, and for the right duration.
- 🔗 [CDC's Clean Hands Count Campaign](#)
Materials include brochures, fact sheets, infographics, and posters.
- 🔗 [CDC's National Healthcare Safety Network](#)
Facilities can directly access the new infection tracking system for long-term care facilities.

ENHANCED BARRIER PRECAUTIONS

- 🔗 [EBP Frequently Asked Questions](#)
- 🔗 [CDC - PPE Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms](#)
- 🔗 [CDC Webinar - Implementation and Use of Enhanced Barrier Precautions in Nursing Homes](#)
- 🔗 [CDC - FAQs about Enhanced Barrier Precautions in Nursing Homes](#)
- 🔗 [AHCA/NCAL Clinical Scenario - Enhanced Barrier Precautions](#)
- 🔗 [AHCA/NCAL Clinical Scenario - Enhanced Barrier Precautions Teaching Tool](#)

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Additional Regulatory Resources

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Abuse and Neglect

- This three-part webinar reviews regulations related to abuse, neglect, and misappropriation of resident property, how and when to report abuse, how to complete an abuse investigation, and helpful tips for achieving past noncompliance (PNC) for these deficiencies. The webinars also include real life scenarios, how to avoid deficiencies in these scenarios, and tools for achieving PNC.
- Added recently are [tip sheets](#) for each of the abuse F-tags.

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Antipsychotic Medication Management Toolkit

- Refresh of the 2012 Quality Initiative Toolkit
- A clinically focused resource containing steps and objectives, tools, and resources to assist facilities in meeting performance expectations and outcomes using the Nursing Process.
- Structured to allow providers to engage with the content they feel meets their individual needs.
 - Toolkit
 - Fact Sheets
 - Case Study



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Dining Resource

- [Regulatory Updates and CMS Initiatives related to Food, Nutrition, and Dining](#)- The new survey process has been in place since November 2017 and encompassed extensive changes to survey procedures, survey forms, F-tags, and survey guidance for food, nutrition and dining. On November 28, 2019 - “Phase 3” requirements will go into effect which include several new requirements that nursing homes must implement. This webinar will present the most current revisions to the LTC requirements of participation and survey process related to food, nutrition and dining. In addition, recent “hot topics” emerging from LTC Surveys related to Food, Nutrition and Dining and a general overview of the new Patient Driven Payment Model (PDPM) effective will be presented. Learn how to be prepared for successful management of Food, Nutrition and Dining with CMS initiatives.
- [F812 Tip Sheet](#)



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Survey Tips

[Blog post: Reminders for Residents with Electronic Cigarettes](#)

- The AHCA regulatory team is developing survey tips to assist in maintaining compliance with skilled nursing regulations, as well as preparing for surveys. The team will review trends for citations and provide tips for staying in compliance with these regulatory areas.
- Recently added tips include:
 - [Preparing Before your Survey](#)
 - [F689 and Past Noncompliance](#)
 - [Abuse Neglect and Misappropriation of Resident Property](#)
 - [Food Procurement, Storage, Preparation, and Sanitation](#)
 - [Documenting Protection on Abuse Reporting](#)



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Additional Tip Sheets/Resources Available

- [Tips for Meeting F580- Failure to Notify](#)
- CMPRP [Toolkit](#) and [Webinar](#)
- NATCEP Ban Waiver [Tip Sheet](#) and [Request Form](#)
- [Past Noncompliance Webinar](#)
- [CMP Analytical Tool](#)
- [Pressure Injury Prevention and Wound Management in LTC](#)
- [Tips for Meeting the CPR Requirements in Skilled Nursing](#)



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Additional Regulatory Resources

1. [Discharges- Making the Safest Transition for Your Residents](#)
2. [Preparing Staff for Survey](#)
3. [Resident Rights](#)
4. [Pressure Injury Prevention and Wound Management](#)
5. [Abuse and Neglect](#)
6. [F812 Review Practice and Tips](#)
7. [Utilizing IDDSI's Tools to Avoid Texture Modified Food Mistakes and Citations](#)



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Upcoming Resources

- Clinical Practice Committee:
 - Behavioral Health
 - Medication Reconciliation
 - AI & Clinical Practice
- IJ Toolkit
- Culture Change in Dining- Late Fall
- Pharmacy Services



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2026 PROGRAM DATES



➤ **Application Packets & Criteria Series Launch**
NOW AVAILABLE

➤ **Quality Award Portal and Intent to Apply Launch**
July 31, 2025

➤ **Intent to Apply Deadline**
November 13, 2025

➤ **Application Deadline**
January 22, 2026



*****All deadlines close at 8pm EST**

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INTENT TO APPLY NOW OPEN!

DEADLINE: THURSDAY, NOVEMBER 13, 2025 8PM EST

- ITA submission is the ITA payment
- ITA submission is not mandatory
- Applicants who submit an ITA:
 - ✓ Save money on their overall application fee
 - ✓ Receive deadline reminders and application best practices
 - ✓ Gain access to additional resources from the Quality Award Program



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2026 QUALITY AWARD KICK-OFF WEBINAR

WHEN:
Thursday, July 31, 2025 at 3pm EST

WHERE:
Online at ahcancalED.org

Learn how to start a 2026 application with expert guidance from National Quality Award Program staff.

REGISTER NOW:
Scan the QR code to secure your spot!



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Provides one-on-one, dedicated technical support for organizations submitting 15 or more applications during the award cycle.

SERVICES INCLUDE:

- Welcome orientation call
- Dedicated application portal and payment assistance
- Ongoing Quality Award team access throughout the award cycle

DEADLINE TO SIGN UP: OCTOBER 1, 2025

Contact us at qualityaward@ahca.org or visit ahcancal.org/qualityaward

MULTI-FACILITY SUPPORT PLAN SIGN UP




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INTERESTED IN SERVING AS AN EXAMINER IN 2026?



EXAMINER APPLICATION OPENS

OCTOBER 9, 2025

EXAMINER APPLICATION CLOSES

NOVEMBER 6, 2025

EXAMINER SELECTION NOTIFICATION

DECEMBER 5, 2025

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QUESTIONS?

The Quality Award Program team is here to support your Quality Award Journey!

 qualityaward@ahca.org

 www.ahcancal.org/qualityaward

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We Are Here For You!



[Holly Harmon](#)

Senior Vice President, Quality, Regulatory & Clinical Services



[Holly Norelli](#)

Vice President, Quality and Regulatory Services



[Urvi Patel](#)

Senior Director, Quality & Programs



[Hawley Hunt](#)

Senior Director, Regulatory & Quality Services



[Amy Miller](#)

Director, Clinical & Regulatory Services



[Raven Jackson](#)

Director, Regulatory & Quality Services



[Ja'Nelle Williamson](#)

Coordinator, Quality & Regulatory



[Meghan Medvitz](#)

Senior Manager, Quality Improvement & Emergency Preparedness



[Kendyl Kelly](#)

Manager, Quality Improvement



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Contact Information



Hawley Hunt, MBA, MHA, LNHA

Senior Director, Regulatory and Quality Services

hhunt@ahca.org

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