

AI in Healthcare: Navigating Nursing Home Regulations, Overcoming Survey Challenges, and Implementing Solutions

Aysha Kuhlор MSN, RN, PAC-NE



1

Why This Session Matters Now

Tighter Oversight

CMS has implemented more rigorous monitoring and transparency requirements, increasing regulatory scrutiny across all nursing home operations.

Shifting Five-Star Math

New weighting formulas emphasize recent survey performance, making your next annual survey more critical than ever before.

Evolving MDS Requirements

Ongoing updates to assessment protocols require continuous staff training and system adaptations to maintain compliance.

Risk-Based Survey Pilot

CMS is testing focused survey approaches that could reshape how facilities are evaluated and certified going forward.

2

What You'll Leave With Today

01

Immediate Action Plan

A comprehensive compliance strategy you can implement starting Monday morning, with clear priorities and measurable outcomes for your facility.

02

AI-Powered Tools

Ten specific artificial intelligence tools and processes that will accelerate your compliance efforts while reducing administrative burden on your staff.

03

Regulatory Roadmap

Deep understanding of current and upcoming regulatory changes that will impact your operations, ratings, and survey outcomes.

3

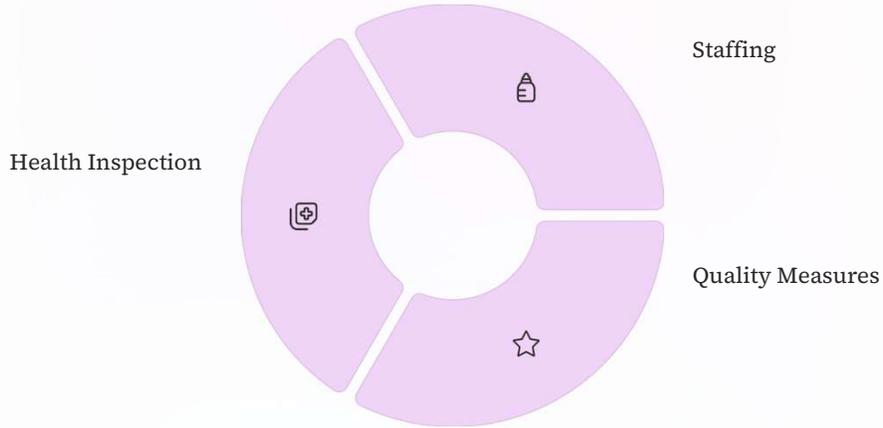


The Regulatory Perfect Storm

Multiple regulatory changes are converging simultaneously, creating unprecedented challenges for nursing home leaders. The traditional approaches to compliance preparation are no longer sufficient in this rapidly evolving environment.

4

Five-Star Rating System: The Foundation



5

2025 Five-Star Calculation Changes

Health Inspection Domain Now Uses Only Two Most Recent Surveys

75%

Most Recent Survey

25%

Second Most Recent

6



Complaint and Focused Infection Control Survey Weighting

Recent Findings (0-12 Months)

Findings from the most recent year carry a substantial **¾ weight** in your Health Inspection domain calculation. This means immediate resolution and prevention strategies are crucial for current complaints.

Older Findings (13-36 Months)

Findings from the subsequent two years (13-36 months) are assigned a **¼ weight**. While less impactful than recent complaints, they still contribute to your overall Health Inspection score.

7

Overall Rating Methodology Unchanged

01

Start with Health Inspection

02

Staffing Adjustment

03

Quality Measures Adjustment

04

Final Rating

8

Why Revisit Avoidance Is Critical

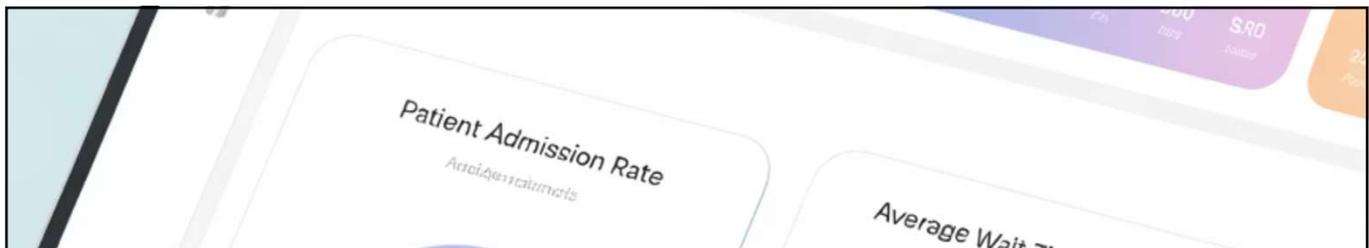
Each Revisit Lowers Your Score

Compounding Effect

Prevention Strategy



9



New Chain Transparency Requirements

Starting July 30, 2025, Care Compare will publicly display chain-level average star ratings, fundamentally changing how multi-facility organizations are evaluated by consumers and stakeholders.

This transparency initiative means that individual facility performance now impacts the entire chain's public reputation, creating additional pressure for consistent quality across all locations.

i Corporate leaders must now consider chain-wide compliance strategies and resource allocation to protect overall brand reputation.

10

Risk-Based Survey (RBS) Pilot Program

A New Approach to Survey Efficiency

CMS is testing a focused recertification survey pathway designed for consistently higher-quality facilities. This pilot program represents a potential shift toward risk-stratified regulatory oversight.



11

RBS Eligibility Criteria

- Quality and Staffing History
- Lower Citation Burden
- No Recent Harm or Abuse
- Compliance with Reporting

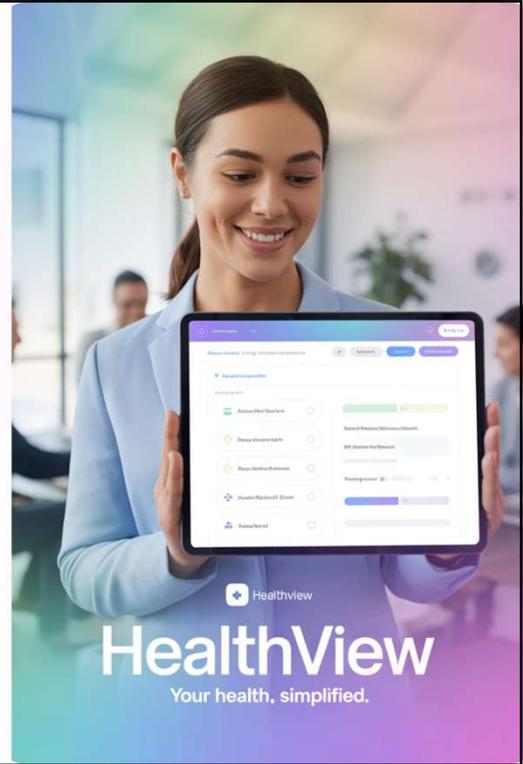
12

Operational Implications of RBS

For eligible facilities, RBS offers the potential for more efficient surveys while maintaining comprehensive oversight. However, facilities must understand that poor performance during an RBS can quickly escalate to a full traditional survey.

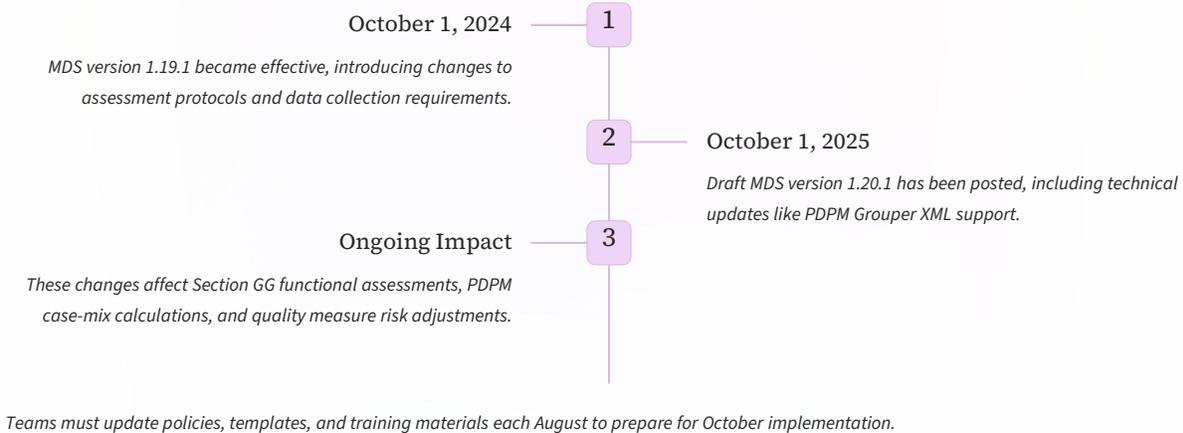
The program's primary goal is redirecting surveyor time and resources toward higher-risk facilities, potentially creating a two-tier system based on demonstrated performance history.

Key takeaway: Maintaining consistent excellence becomes even more valuable as it may qualify you for more streamlined regulatory processes.



13

MDS Updates: What's Changing



14

Quality Measure Ripple Effects

Understanding the Connected Impact

CMS has updated quality measure risk-adjustment methodologies, particularly affecting Section GG functional assessments. Additionally, certain quality measures were "unfrozen" in 2025, meaning they now count toward star ratings after a period of non-scoring.

Staffing case-mix calculations now use PDPM methodology, requiring facilities to update their Five-Star forecasting models and staffing budget projections accordingly.

 Update your forecasting spreadsheets to reflect these calculation changes, or your star rating predictions will be inaccurate.

15

Where Facilities Get Cited



16

Top 10 Most-Cited Tags Nationwide (2024)

F880 <i>Infection Prevention & Control</i>	F689 <i>Accidents/Supervision</i>	F812 <i>Food Safety</i>
F684 <i>Quality of Care</i>	F656 <i>Care Plans</i>	

17

Top 10 Most-Cited Tags (Continued)

F677 <i>Activities of Daily Living</i>	F550 <i>Resident Rights</i>	F761 <i>Label/Store Drugs</i>
F686 <i>Pressure Ulcers</i>	F625 <i>Transfer/Discharge Notices</i>	

18

North Dakota Citation Patterns

North Dakota's top five citation areas over the past three years align closely with national trends, indicating consistent surveyor focus. These key areas significantly impact compliance and resident safety.



F880: Infection Control



F689: Accidents & Supervision



F656: Care Plan Deficiencies



F761: Medication Management



F812: Food Safety Violations



Harm-Level Citations: The High-Stakes Reality

Immediate Jeopardy Trends

Recent North Dakota surveys show increased immediate jeopardy citations related to:



Infection control breaches



Falls with serious injury



Medication errors



Supervision failures

State Comparison Context

Consumer advocacy reports show North Dakota's ratio of harm-level to total deficiencies, helping facilities benchmark against regional and national averages.

Use the CMS Provider Data Catalog filtered to North Dakota to validate current patterns and identify emerging citation trends specific to your region.

Common Threads Across Top Citations



Systems Failures



Competency Gaps



Documentation Issues

21

From Citations to Strategic Focus

Transform citation data into actionable intelligence by using the top 10 list as your baseline audit framework. This proactive approach helps identify and address potential issues before they become survey findings.

"The best survey preparation happens every day, not just in the weeks before an annual survey."

Regular monitoring of these high-frequency areas creates a culture of continuous compliance and significantly reduces surprise findings during official surveys.



22

Regional Variations Matter

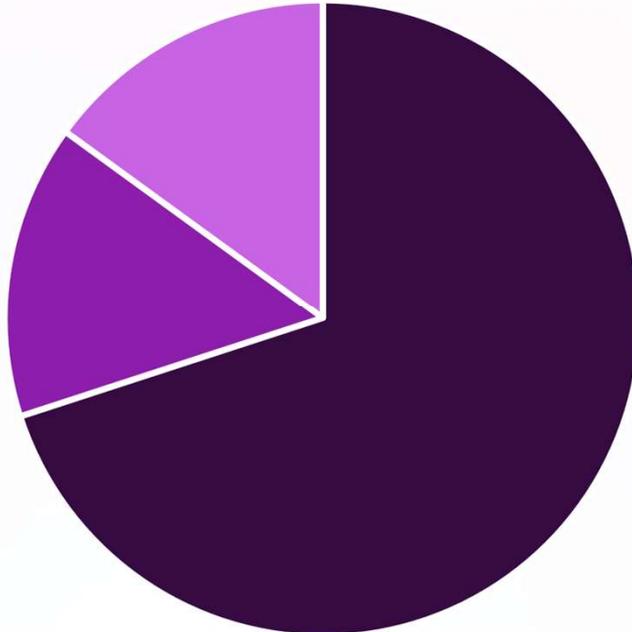
While national patterns provide the foundation, regional and state-specific trends offer crucial insights for targeted preparation. North Dakota's citation history reveals both alignment with national trends and unique local enforcement patterns.

[Access the CMS Provider Data Catalog and filter to your state to identify specific citation patterns and enforcement trends in your region.](#)

Understanding your state's surveyor focus areas allows for more precise preparation and resource allocation, maximizing your compliance investment.

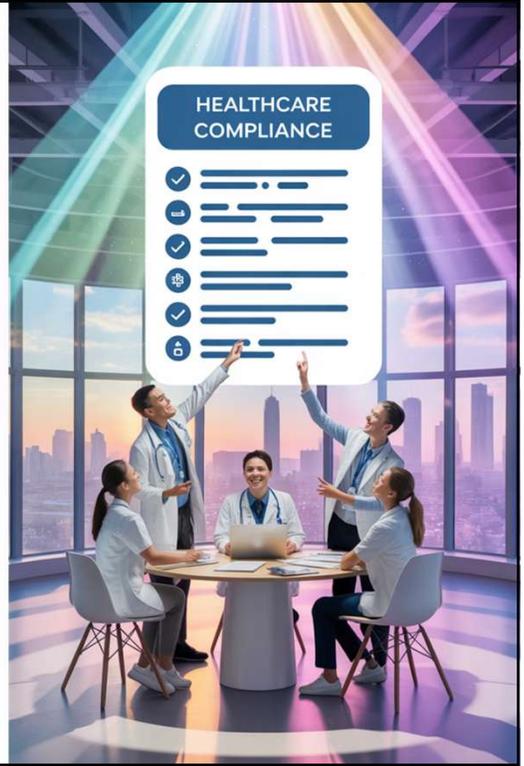
23

Citation Risk Equals Star Risk



24

Action Playbook



25

F880: Infection Prevention & Control Solutions

01

Weekly Hand Hygiene Audits

02

Tracer-Based Rounding

03

Unit-Specific Competency

04

Rapid Response Training

26

F689: Accidents and Supervision Solutions

Post-fall response and prevention systems require immediate attention and systematic follow-through to prevent citations and protect residents.

- 1 24-Hour Post-Fall Huddle
- 2 Root Cause Analysis Grid
- 3 Same-Shift Intervention Revision
- 4 14-Day Implementation Monitor



27

F812: Food Safety Solutions

- | | |
|----------------------------------|-------------------------------------|
| 1
Daily Temperature Logging | 2
Two-Person Closing Checks |
| 3
Monthly ServSafe Refreshers | 4
Quarterly Kitchen Mock Tracers |

28

F684 Quality of Care & F656 Care Plan Solutions

Systematic Care Planning Process

- 72-hour admission care plan completion
- Interdisciplinary team meeting within 7 days
- Review schedule every 14 days for changes
- Link monitoring to measurable outcomes

Quality Assurance Integration



29

F677: Activities of Daily Living Solutions

Weekly ADL Variance Reports

Trigger-Based Reassessment

Staff Competency Validation

30



F761 Medication Storage & F758 Psychotropic Solutions

Medication management citations frequently involve storage, labeling, and monitoring issues that require systematic oversight and regular auditing.

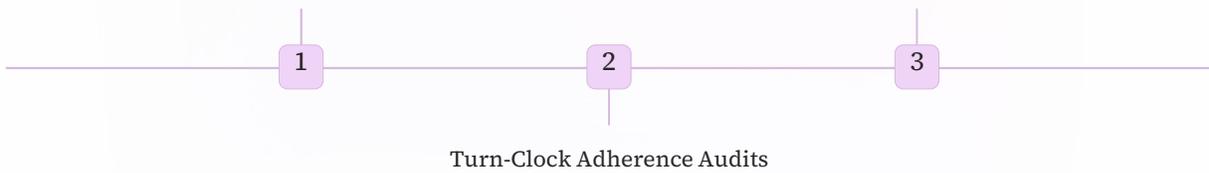
- Monthly Pharmacy Walk-Throughs
- Expiring Medications Report
- Gradual Dose Reduction Calendar
- MAR Exception Review

31

F686: Pressure Injury Prevention Solutions

Twice-Weekly Skin Rounds

Device-Related Pressure Checks



32

F625: Transfer and Discharge Solutions



Comprehensive checklist ensuring all required notice elements are completed before resident transfer or discharge.



Standardized process for confirming receipt of transfer information with receiving facilities or providers.



Pre-built packet templates that include all required elements for different discharge scenarios.

✔ Proper discharge planning prevents citations and ensures continuity of care for residents.

33

Mock Survey Implementation Strategy

Quarterly Mock Survey Schedule

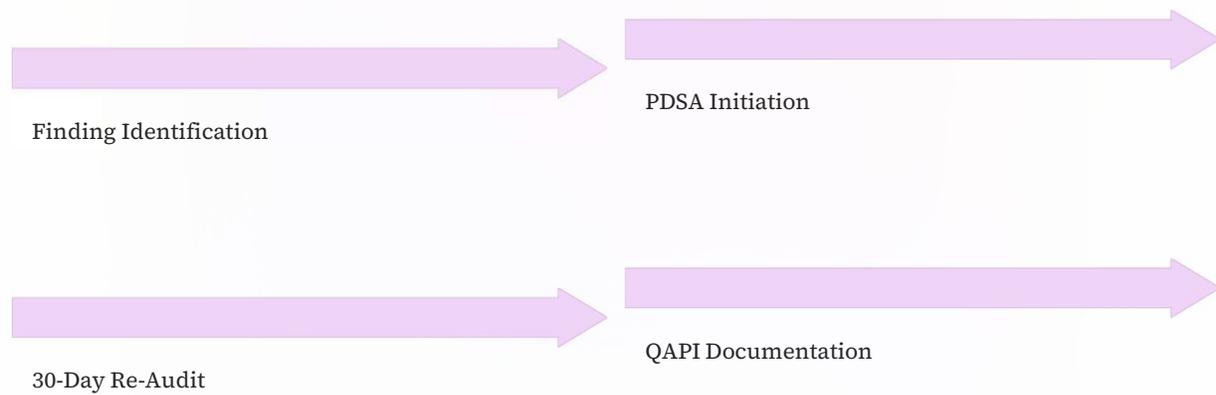
Implement rotating focus areas based on top citation tags, using Critical Element Pathways and actual resident tracers to simulate real survey conditions.



Score results using current SOM Appendix PP guidelines, which were updated effective April 28, 2025.

34

QAPI Integration: Closing the Loop

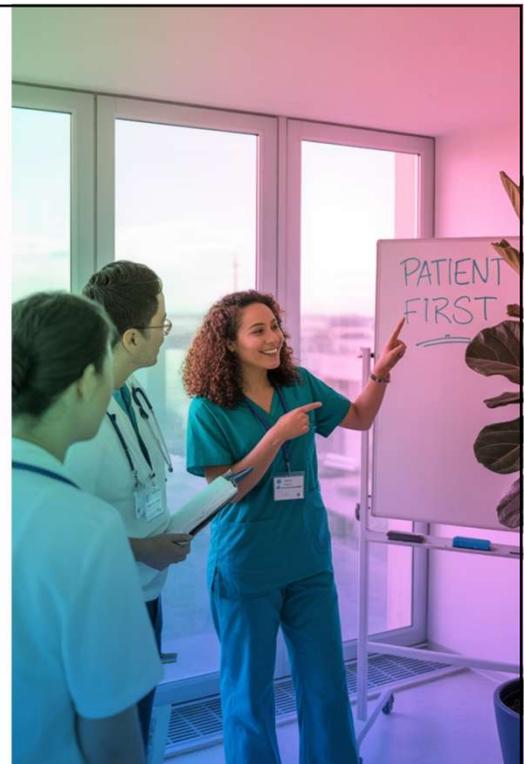


35

Why This Systematic Approach Works

The playbook approach transforms compliance from a periodic activity into daily operational excellence. This systematic methodology creates several key advantages:

- *Survey readiness every day*
- *Team ownership*
- *Continuous improvement*
- *Reduced stress*



36

12 AI Solutions

Leverage artificial intelligence to streamline compliance processes and reduce administrative burden while maintaining regulatory excellence.



37

AI in Compliance: Augment, Don't Replace



Core Philosophy

Administrative Burden Relief

Quality Enhancement

38

Critical Implementation Guidelines



PHI Protection First

Strip all protected health information before using public AI tools. Never input resident names, medical record numbers, or specific clinical details.



Use BAA-Covered Platforms

For workflows involving any PHI, use HIPAA-compliant platforms like Dragon Medical One or Otter for Teams with signed business associate agreements.



Start Small and Scale

Pilot one or two use cases initially. Master the workflow and train your team before expanding to additional AI applications.

39

Voice-to-Text Rounds: Real-Time Documentation

Streamlined Audit Process

HIPAA-compliant voice recording tools can capture infection control and kitchen tracer observations in real-time, with automatic timestamps and location data.

Immediate Action Items

AI converts spoken observations into structured corrective action logs that can be immediately routed to appropriate unit leaders and supervisors.

Trending Analysis

Accumulated voice data reveals patterns across shifts and departments, informing targeted training and system improvements.



40

Auto-Audit MAR Checker: Proactive Monitoring

01

Data Export

02

AI Analysis

03

Automated Routing

04

Trend Reporting

41

Care Plan Draft Assistant: Clinical Decision Support

AI can draft SMART goals and interventions from non-PHI assessment summaries, but human clinical judgment must validate and approve all recommendations before implementation.

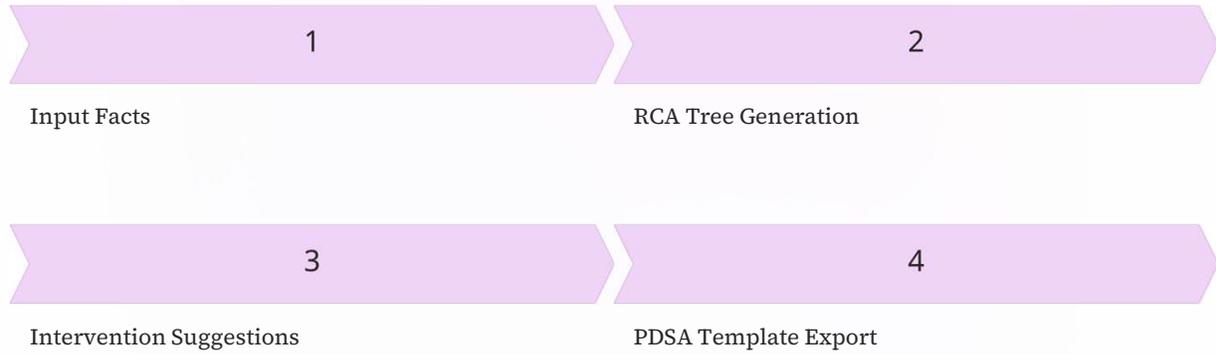
"AI suggests, humans decide. Every care plan recommendation must be reviewed and approved by qualified nursing staff."

This tool accelerates the documentation process while ensuring that care plans remain individualized and clinically appropriate for each resident's specific needs.



42

Fall Huddle Generator: Systematic Root Cause Analysis



43

QAPI Minutes Maker: Quality Assurance Efficiency

Data Input

Upload monthly quality indicator graphs and trend data (with all PHI removed) for AI analysis and summary.

Automated Minutes

Action Item Tracking

System creates follow-up reminders and tracks completion status of assigned action items across meetings.



44



Five-Star "What-If" Simulator

Input your facility's last two survey deficiency lists and let AI estimate potential star rating impacts under various scenarios.

The simulator uses current CMS weighting formulas (75% most recent, 25% second most recent) and complaint weighting ($\frac{3}{4}$ for 0-12 months, $\frac{1}{4}$ for 13-36 months) to predict how new findings might affect your rating.

i This tool helps prioritize correction efforts by showing which potential citations would have the greatest negative impact on your star rating.

45



90-Day Plan

46

Implementation Philosophy: Build, Pilot, Scale



47

Weeks 1-2: Foundation Phase



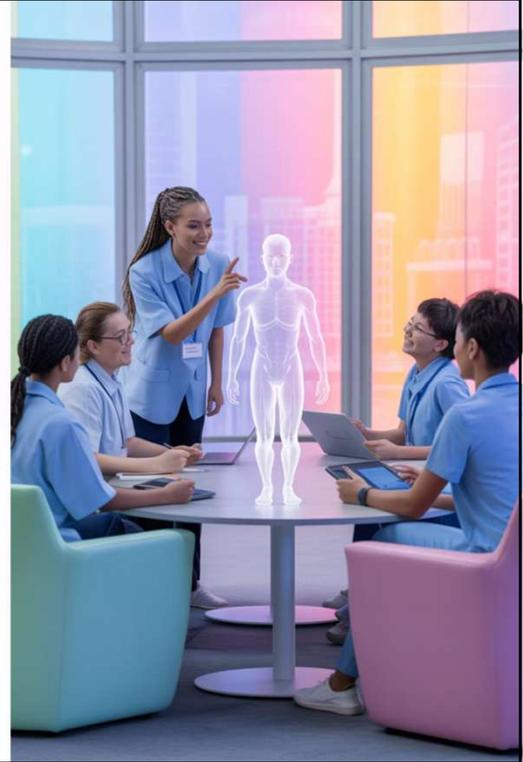
48

Weeks 3-6: Pilot and Test Phase

During this phase, begin implementing practical solutions while testing AI tools in controlled environments.

- **Unit-based micro-trainings:** 10-12 minute sessions auto-generated from your facility's policy text
- **Voice-to-text tracer pilots:** Test infection control and kitchen documentation tools
- **Five-Star forecasting:** Begin modeling next survey impact and develop revisit-avoidance strategies

Focus on gathering staff feedback and refining processes before broader implementation.



49

Weeks 7-12: Scale and Optimize Phase

Expand Mock Surveys

Auto-Audit Tools

MDS Team Refresh

50

Overcoming Implementation Barriers



Staff Fear of AI



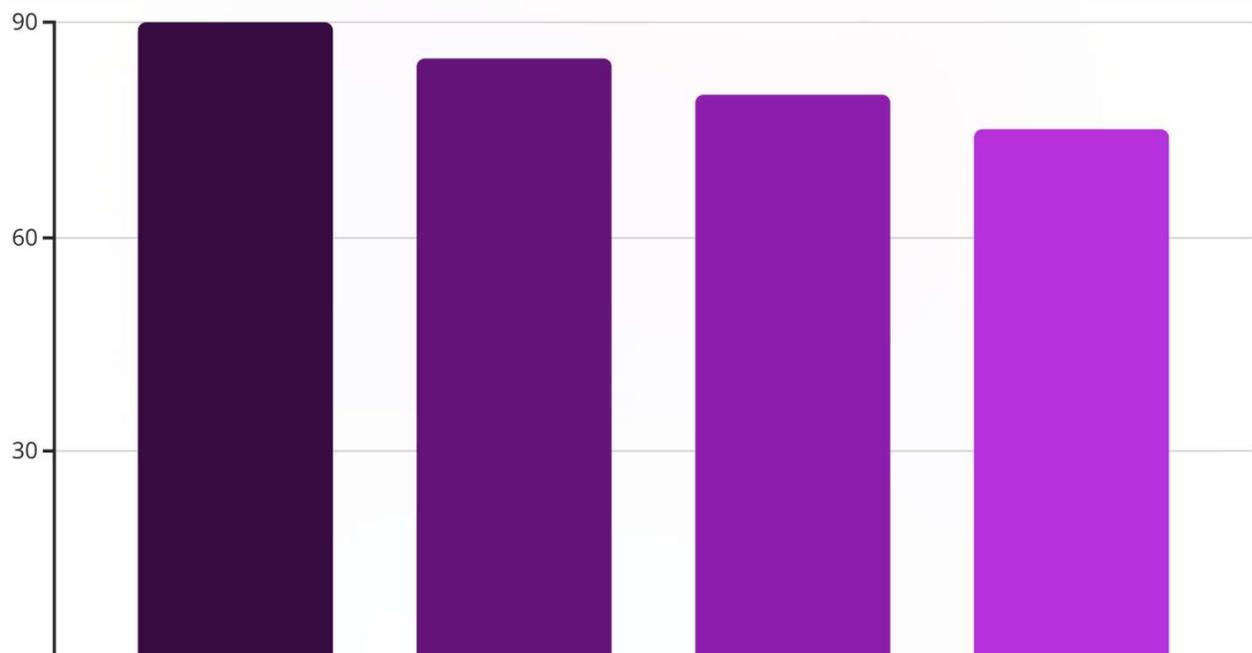
Data Overload



Time Constraints

51

Measuring Success: Key Performance Indicators



52

Key Takeaways for Leaders

Regulatory Changes Are Accelerating

The pace of regulatory updates requires agile compliance strategies and continuous learning approaches rather than periodic preparation.

Star Rating Stakes Are Higher

New weighting formulas and transparency requirements amplify the impact of survey performance on your facility's reputation and success.

AI Can Lighten the Load

Strategic AI implementation reduces administrative burden while enhancing compliance capabilities and staff satisfaction.

Systematic Approaches Win

Facilities with structured compliance processes consistently outperform those relying on reactive, last-minute preparation methods.

53



Your Next Steps

The regulatory landscape will continue evolving, but facilities with strong systems, engaged teams, and strategic AI implementation will thrive in this environment.

01

Start Small This Week

Choose one AI tool and one audit area to begin immediate implementation with your team.

02

Build Momentum Monthly

Add new elements gradually while reinforcing successful practices through QAPI integration.

03

Share Wins Regularly

Celebrate successes in team meetings and quality assurance committees to maintain engagement and momentum.

"Excellence is not a destination but a continuous journey of improvement, innovation, and commitment to quality care."

54