



Center for Clinical Standards and Quality/ Quality, Safety & Oversight Group

Admin Info: 24-05-NH

DATE: November 20, 2023

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations (SOG)

SUBJECT: Guidance for Federal Monitoring Surveys (FMS)

Memorandum Summary

- **Guidance and Focus Concerns** – Identifies the FY2024 and FY2025 Focus Concerns and guidance on how CMS Location staff will conduct Federal Monitoring Surveys (FMS).
- **LSC and Health FMS Estimates** – Communicates estimated FY2024 and FY2025 statutorily required number of Long-Term Care FMS for Health and Life Safety Code (LSC)/ Emergency Preparedness.

Background:

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

LTC Health FMS

LTC Health FMS are comprised of three survey processes aimed at advising and evaluating State Agency (SA) Surveyors. An EP FMS is not conducted during Health FMS.

1. **Resource and Support Surveys (RSS)** are surveys where the Federal Surveyor(s) accompany SA Surveyors on an initial, standard, revisit or complaint survey to observe and assess overall SA Surveyor team performance and performance related to specific areas of concern. The Federal Surveyor(s) may provide training and/or technical assistance to address identified performance needs while on-site or because of the evaluation of outcomes.

- 2. Focused Concern Surveys (FCS)** are one of the evaluative components of the FMS process. FCS are completed by one or more Federal Surveyor(s) conducting an independent investigation of the identified concern areas. FCS occur within 60 calendar days after a SA standard or complaint survey. The Federal Surveyor follows all investigative protocols and pathways for the concern areas to assess the effectiveness of SA performance.
- 3. A Health Comparative** is a full survey conducted by Federal Surveyors in the same facility, after a standard survey is conducted by the SA. The purpose of a Health comparative survey is to monitor and evaluate SA performance. A LTC Health comparative should be conducted within 60 calendar days following the SA's standard survey.

LTC LSC and Emergency Preparedness FMS

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

- 1. A LSC Resource and Support Survey (LSC RSS)** is a survey where the Federal Surveyor will observe and assess the SA Survey team performance. The Federal Surveyor may provide training and/or technical assistance to address identified performance needs while on-site as a result of the evaluation of outcomes.
- 2. A LSC Comparative** is a full survey conducted by a Federal Surveyor in the same facility, after a standard survey is conducted by the SA. The purpose of a LSC comparative Survey is monitoring and evaluating SA performance. An EP survey will be conducted with all LSC comparative surveys. LSC comparative surveys will occur within 60 calendar days following the SA's standard survey. The Federal Surveyor will follow all investigative protocols and assess the effectiveness of SA survey performance.
- 3. A LSC Revisit Resource and Support Survey (LSC Revisit RSS)** - is a survey where the Federal Surveyor will observe and assess the SA Survey team performance. The Federal Surveyor may provide training and/or technical assistance to address identified performance needs while on-site as a result of the evaluation of outcomes.
- 4. A LSC Revisit Comparative** is a survey conducted by a Federal Surveyor in the same facility after a revisit survey is conducted by the SA. The purpose of a LSC revisit comparative Survey is to monitor and evaluate SA performance. An EP survey will be conducted with all LSC revisit comparative surveys. LSC revisit comparative surveys will occur within 60 calendar days following the SA's revisit survey. The Federal Surveyor will primarily evaluate compliance with the requirements cited during SA's standard survey. The Federal Surveyor will follow all investigative protocols and assess the effectiveness of SA survey performance.

Discussion of Health RSS and FCS

The information in this section provides guidance to the CMS Locations on how to conduct an FMS and provide feedback to the SAs, including sharing reports on completed FMS and meetings with the SA based on needs identified by the CMS Location. The guidance is

specific to the way two types of LTC Health FMS surveys (RSS and FCS) are conducted.

For FY24 and FY25, CMS has identified three LTC Health National Concern Areas. The National Concern Areas were identified based on internal CMS data sources, OIG recommendations, and the White House Initiative to Improve Care in Nursing Homes. In addition to evaluating the three LTC Health National Concern Areas, CMS Locations may identify additional concern areas for States within their jurisdiction. One or more optional concern areas may be identified during the survey at the discretion of the Federal Surveyor. The three required LTC Health FMS concerns and the associated F-Tags, Regulatory Groupings, and Critical Element Pathways, are outlined in the table below:

#	Focus Concern	Regulatory Grouping(s)	F-Tags	Critical Element Pathways
1 st	Nurse Staffing	Administration (§483.70)	<ul style="list-style-type: none"> • F851: Payroll Based Journal 	Sufficient and Competent Nurse Staffing
		Nursing Services (§483.35)	<ul style="list-style-type: none"> • F725: Sufficient Nurse Staffing • F727: RN 8 Hrs/7 days/WK, Full Time DON 	
2 nd	Unnecessary Psychotropic Medication	Resident Assessments (§483.20)	<ul style="list-style-type: none"> • F641: Accuracy of Assessments 	<ul style="list-style-type: none"> • Unnecessary Medications • Psychotropic Medications • Medication Regimen Review
		Comprehensive Resident Centered Care Plan (§483.21)	<ul style="list-style-type: none"> • F658: Services Provided Meet Professional Standards 	
		Pharmacy Services (§483.45)	<ul style="list-style-type: none"> • F758: Free from Unnecessary Psychotropic Meds/PRN Use 	
3 rd	Facility-Initiated Discharge	Admission, Transfer, and Discharge (§483.15)	<ul style="list-style-type: none"> • F622: Transfer and Discharge Requirements • F624: Preparation for Safe/ Orderly Transfer/ Discharge • F626: Permitting Residents to Return to Facility 	Discharge

CMS Location and Optional Areas of Focus Concern are described as:

- **CMS Location Areas of Concern** - There may be instances when CMS identifies a specific area of concern for one or more states. In these cases, the Federal Surveyor should investigate the identified concern via the optional area of concern.

- **Optional** - The Federal Surveyor will have the option of selecting an additional area(s) of concern that is unique to the survey and does not fall within the concerns identified above. This concern area can be selected when the Federal Surveyor is onsite and observes obvious issues with SA surveyors' performance in investigating compliance for an area that was not otherwise selected.

RSS Health

Most of the RSS are completed in the first six months of the FY, however an RSS can be completed anytime during the FY. The purpose of the RSS is to provide education, instruction, and guidance to SA Surveyors to assist them in conducting thorough investigations for the focused concern areas.

During the RSS, the Federal Surveyor will join the SA team and provide active guidance and instruction for the concern areas. The Federal Surveyor will accompany the SA Surveyors when making observations and conducting interviews related to the areas of concern. The Federal Surveyor should discuss the findings and assist in applying the given facts to the regulatory requirements. The Federal Surveyor will base the guidance and instruction provided in the regulations, interpretive guidance found in Appendix PP and Appendix Q of the State Operations Manual (SOM), and the critical element pathways for the applicable concern areas. All of these documents can be found in the survey resource folder on CMS.gov using the following link: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>

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

Following the SA's compliance decisions, the Federal Surveyor should recap the significant learning opportunities that were discussed with team members during the survey. An RSS Report is provided to the SA with a written summary of the feedback. The Federal Surveyor will serve as an advisor for any survey topic that may arise but will focus their RSS activities on the identified areas of concern as well as how the SA followed the LTCSP Procedure Guide.

Feedback to the SA

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

Following completion of the survey, the Federal Surveyor will complete an FMS Health RSS State Report to document the survey findings and highlight guidance provided during the survey, including feedback on the SA's use of resources to fully investigate facility compliance.

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

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

The FMS Health RSS State Report includes the review of the 2567 and is intended to be a learning tool to communicate survey related guidance to all SA surveyors to ensure the SA correctly applies the Principles of Documentation (Exhibit 7A).

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

FCS Health

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

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

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

For Nurse Staffing (F851, F725, F727), Unnecessary Psychotropic Medication (F641, F658, F758), and Facility Initiated Discharge (F622, F624, F626) a 2567 will only be drafted if noncompliance was identified by the Federal Surveyor at the IJ, Harm, or SQC level and was not identified by the SA at that level of severity and scope. Independent, but associated, tags that are not at the SQC or higher level may be included if required to address the full breadth of facility noncompliance at the discretion of the Federal Surveyor. Sufficient information

will be provided to the facility so that they can correct potential non-compliance that is not SQC, Harm, or IJ. If there are no citations, the CMS location will provide a CMS Form-2567 with F000, Initial Comments, marked to indicate an FCS was completed, but no deficiencies were cited.

Create a 2567 only under the following conditions:

Identify Noncompliance	Create a 2567
Noncompliance at SQC, Harm (Level 3), or IJ (Level 4)	Yes
Noncompliance cited at level 4 by Federal Surveyors and the SA cited at level 3	Yes
Noncompliance cited at Level 3 and SA cited at level 2	Yes
Noncompliance cited at Level 3 or Level 4 by the Federal Surveyor and the SA did not cite	Yes
Independent or associated tags that are not SQC or higher	No

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

While no 2567 will be issued for non-SQC or lower findings, sufficient information will be provided to the facility so that they can correct the deficiencies. The Federal Surveyor will follow the guidance in Appendix Q for any situations of suspected Immediate Jeopardy. An extended survey does not need to be completed for FCS that identify SQC.

Scoring

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

Met = 2 points/ Pass	Partially Met = 1 point / Pass	Not Met = 0 points/ Fail
SA properly identifies noncompliance and harm Level SA missed noncompliance at Level 1	SA fails to identify noncompliance at Level 2 SA failed to provide evidence to support the Level of harm cited	SA failed to identify noncompliance at: SQC Level 3 for all tags Level 4 for all tags

Discussion of LSC RSS and LSC Revisit RSS

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

1. In a SA where the SA LSC Surveyor is responsible for completing the LSC and EP portions of the survey, the Federal LSC Surveyor will conduct both LSC and EP portions of the survey with the SA Surveyor.
2. In a SA where the SA Health Surveyor is responsible for completing the EP portions of the survey, and the Federal LSC Surveyor is on site at the time the SA Health surveyor is completing the EP portion of the survey, the Federal LSC Surveyor will accompany the SA Health Surveyor examining the E tags, for that portion of the survey only.
3. In a SA where the SA Health Surveyor is responsible for completing the EP portions of the survey, and the Federal LSC Surveyor is not on site at the time the SA Health surveyor is completing the EP portion of the survey, the Federal LSC Surveyor will evaluate the EP regulations.
4. During a LSC Revisit RSS, the Federal Surveyor will evaluate all EP regulations regardless of how EP citations are being evaluated by the SA.
5. If there are multiple SA Surveyors conducting the LSC and EP surveys, the Federal Surveyor will accompany different members of the SA LSC team when new K and E tags are being evaluated.

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

Feedback to the SA

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

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

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

Survey Selection

When determining survey selection for both Health RSS and FCS, CMS Locations should prioritize providers based on data indicating a risk of non-compliance, those with a history of noncompliance, or allegations of noncompliance with the focused concern areas. Surveys

selected may also be based on complaints related to one or more of the selected concern areas, media attention, or other justification. **For RSS only**, the Federal Health Surveyor will work collaboratively with the SA to identify surveys and SA Surveyors that will provide good training opportunities.

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

The estimated number of statutorily required FMS to be conducted in each state for FY24 and FY25 is provided in the appendix. These estimates are the same as the FY23 statutorily required mandates. Estimates will be updated to statutorily required totals when data on the total number of Nursing Homes surveyed in each state during the previous FY are available. For FY24, the statutorily required FMS totals are anticipated on or before 2/28/24) and for FY25 the statutorily required FMS totals are anticipated on or before 2/28/25).

Enforcement

If a Form CMS-2567 is required, the CMS Location will take appropriate enforcement action based on the survey findings. The CMS Location will evaluate the findings and impose federal remedies according to current enforcement protocols. Additionally, loss of the Nurse Aide Training and Competence Evaluation Program (NATCEP) will occur when SQC is identified during an FCS or comparative survey.

Effective Date:

Immediately. Please communicate to all appropriate staff within 30 days.

/s/

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Attachment(s)

- FY24 and FY25 Estimated Number and Type of FMS for LTC Health
- FY24 and FY25 Estimated Number and Type of FMS for LTC LSC
- List of Revised F-Tags
- [Appendix Q](#)
- [Principles of Documentation](#) (Exhibit 7A)

Resources to Improve Quality of Care:

Check out CMS's new [Quality in Focus](#) interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.

Learn to:

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

See the [Quality, Safety, & Education Portal Training Catalog](#), and select [Quality in Focus](#)



FY24 and FY25 Estimated Number and Type of FMS for LTC Health

CMS Must complete the total mandated number of surveys in each state. 20% of the mandated surveys **must** be Comparatives, and 80% of the total mandated surveys are one of the two types of Federal Oversight Support Surveys (FOSS): RSS or FCS. The targeted breakdown of FOSS each is roughly 50% of each type.

Column Definitions:

1. **State/ CMS Location** - the State where the surveys will be conducted, grouped by CMS Location.
2. **Total Mandated** - the total FMS statutorily required for each state.
3. **Comparative** - the minimum number of Comparatives that must be completed for each state.
4. **FOSS** - the total number of FOSS type surveys that must be completed for each state.
5. **Targeted Breakdown** - Target counts of both FCS and RSS for each state (roughly 50% of each).

For example, State A requires 46 total FMS. 10 of these must be comparatives and 36 are FOSS Type with a target of 18 FCS and 18 RSS accounting for the total of 36 FOSS.

State/CMS Location	Total Mandated	Comparatives 20% of Total Mandated	Federal Oversight Support Surveys (FOSS)		
			FOSS 80 % of Total Mandated	Targeted Breakdown	
				FCS	RSS
Connecticut	9	2	7	4	3
Maine	5	1	4	2	2
Massachusetts	17	4	13	7	6
New Hampshire	5	1	4	2	2
Rhode Island	5	1	4	2	2
Vermont	5	1	4	2	2
<u>Boston</u>	46	10	36	19	17
New Jersey	16	4	12	6	6
New York	29	6	23	12	11
Puerto Rico	5	1	4	2	2
Virgin Islands	0	0	0	0	0
<u>New York</u>	50	11	39	20	19
Delaware	5	1	4	2	2
Maryland	8	2	6	3	3
Pennsylvania	35	7	28	14	14
Virginia	12	3	9	5	4
District of Columbia	5	1	4	2	2
West Virginia	5	1	4	2	2
<u>Philadelphia</u>	70	15	55	28	27



FY24 and FY25 Estimated Number and Type of FMS for LTC Health, Continued

State/CMS Location	Total Mandated	Comparatives 20% of Total Mandated	Federal Oversight Support Surveys (FOSS)		
			FOSS 80 % of Total Mandated	Targeted Breakdown	
				FCS	RSS
Alabama	9	2	7	4	3
Florida	35	7	28	14	14
Georgia	17	4	13	7	6
Kentucky	8	2	6	3	3
Mississippi	10	2	8	4	4
North Carolina	21	5	16	8	8
South Carolina	10	2	8	4	4
Tennessee	15	3	12	6	6
<u>Atlanta</u>	125	27	98	50	48
Illinois	35	7	28	14	14
Indiana	27	6	21	11	10
Michigan	22	5	17	9	8
Minnesota	18	4	14	7	7
Ohio	46	10	36	18	18
Wisconsin	17	4	13	7	6
<u>Chicago</u>	165	36	129	66	63
Arkansas	11	3	8	4	4
Louisiana	14	3	11	6	5
New Mexico	5	1	4	2	2
Oklahoma	14	3	11	6	5
Texas	61	13	48	24	24
<u>Dallas</u>	105	23	82	42	40
Iowa	20	4	16	8	8
Kansas	16	4	12	6	6
Missouri	25	5	20	10	10
Nebraska	9	2	7	4	3
<u>Kansas City</u>	70	15	55	28	27



FY24 and FY25 Estimated Number and Type of FMS for LTC Health, Continued

State/CMS Location	Total Mandated	Comparatives 20% of Total Mandated	Federal Oversight Support Surveys (FOSS)		
			FOSS 80 % of Total Mandated	Targeted Breakdown	
				FCS	RSS
Colorado	11	3	8	4	4
Montana	5	1	4	2	2
North Dakota	5	1	4	2	2
South Dakota	5	1	4	2	2
Utah	5	1	4	2	2
Wyoming	5	1	4	2	2
<u>Denver</u>	36	8	28	14	14
Arizona	7	2	5	3	2
California	59	12	47	24	23
Hawaii	5	1	4	2	2
Nevada	5	1	4	2	2
<u>San Francisco</u>	76	16	60	31	29
Alaska	5	1	4	2	2
Idaho	5	1	4	2	2
Oregon	7	2	5	3	2
Washington	10	2	8	4	4
<u>Seattle</u>	27	6	21	11	10



FY24 and FY25 Estimated Number and Type of FMS for LTC LSC

CMS Must complete the total mandated number of surveys in each state. While 100% of the mandated surveys **can** be Comparatives, at least 50% **must** be Comparatives, the remainder can be RSS. The number of comparatives and RSS that can be completed on a State Agency (SA) Revisit is limited.

Column Definition:

1. **State/ CMS Location** - the State where the surveys will be conducted, grouped by CMS Location.
2. **Total Mandated** - the total FMS statutorily required for each state.
3. **Comparative** - the **minimum** number of Comparatives that must be completed. The number of Comparatives that can be completed on a SA revisit is noted in parentheses, e.g., 5(1)
4. **RSS** - the **maximum** number of RSS that can be completed. The number of RSS that can be completed on a SA revisit is noted in parentheses e.g., 5(1)

For example, State A has a total mandated count of 10. At least five (or 50%) of those surveys must be Comparatives. One of those Comparative Surveys may be conducted on a SA Revisit. This is noted as 5(1). CMS may elect to conduct up to 5 RSS, with one of the RSS being completed on a SA Revisit 5(1). CMS may also elect to conduct all 10 (100%) of the surveys as Comparatives.

State/CMS Location	Total Mandated	Comparative At least 50% of total mandated, conducted on a SA Standard (or Revisit)	RSS Up to 50% of total mandated conducted on a SA Standard (or Revisit)
Connecticut	9	5(0)	4(1)
Maine	5	3(0)	2(1)
Massachusetts	17	9(1)	8(2)
New Hampshire	5	3(0)	2(1)
Rhode Island	5	3(0)	2(1)
Vermont	5	3(0)	2(1)
<u>Boston</u>	46	26(1)	20(7)
New Jersey	16	8(1)	8(2)
New York	29	15(2)	14(3)
Puerto Rico	5	3(0)	2(1)
Virgin Islands			
<u>New York</u>	50	26(3)	24(6)



FY24 and FY25 Estimated Number and Type of FMS for LTC LSC, Continued

State/CMS Location	Total Mandated	Comparative At least 50% of total mandated, conducted on a SA Standard (or Revisit)	RSS Up to 50% of total mandated conducted on a SA Standard (or Revisit)
Delaware	5	3(0)	2(1)
Maryland	8	4(0)	4(1)
Pennsylvania	35	18(3)	17(4)
Virginia	12	6(1)	6(1)
District of Columbia	5	3(0)	2(1)
West Virginia	5	3(0)	2(1)
<u>Philadelphia</u>	70	37(4)	33(9)
Alabama	9	5(0)	4(1)
Florida	35	18(3)	17(4)
Georgia	17	9(1)	8(2)
Kentucky	8	4(0)	4(1)
Mississippi	10	5(1)	5(1)
North Carolina	21	11(2)	10(2)
South Carolina	10	5(1)	5(1)
Tennessee	15	8(1)	7(2)
<u>Atlanta</u>	125	65(9)	60(14)
Illinois	35	18(3)	17(4)
Indiana	27	14(2)	13(3)
Michigan	22	11(2)	11(2)
Minnesota	18	9(1)	9(2)
Ohio	46	23(4)	23(5)
Wisconsin	17	9(1)	8(2)
<u>Chicago</u>	165	84(13)	81(18)
Arkansas	11	6(1)	5(1)
Louisiana	14	7(1)	7(1)
New Mexico	5	3(0)	2(1)
Oklahoma	14	7(1)	7(1)
Texas	61	31(6)	30(6)
<u>Dallas</u>	105	54(9)	51(10)



FY24 and FY25 Estimated Number and Type of FMS for LTC LSC, Continued

State/CMS Location	Total Mandated	Comparative At least 50% of total mandated, conducted on a SA Standard (or Revisit)	RSS Up to 50% of total mandated conducted on a SA Standard (or Revisit)
Iowa	20	10(2)	10(2)
Kansas	16	8(1)	8(2)
Missouri	25	13(2)	12(3)
Nebraska	9	5(0)	4(1)
<u>Kansas City</u>	70	36(5)	34(8)
Colorado	11	6(1)	5(1)
Montana	5	3(0)	2(1)
North Dakota	5	3(0)	2(1)
South Dakota	5	3(0)	2(1)
Utah	5	3(0)	2(1)
Wyoming	5	3(0)	2(1)
<u>Denver</u>	36	21(1)	15(6)
Arizona	7	4(0)	3(1)
California	59	30(5)	29(6)
Hawaii	5	3(0)	2(1)
Nevada	5	3(0)	2(1)
<u>San Francisco</u>	76	40(5)	36(9)
Alaska	5	3(0)	2(1)
Idaho	5	3(0)	2(1)
Oregon	7	4(0)	3(1)
Washington	10	5(1)	5(1)
<u>Seattle</u>	27	15(1)	12(4)

List of Revised F-Tags

Federal Regulatory Groups for Long Term Care

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

** Tag to be cited by CMS

F540	Definitions	483.12	Freedom from Abuse, Neglect, and Exploitation	483.24	Quality of Life
483.10	Resident Rights	F600	*Free from Abuse and Neglect	F675	*Quality of Life
F550	*Resident Rights/Exercise of Rights	F602	*Free from Misappropriation/Exploitation	F676	*Activities of Daily Living (ADLs)/ Maintain Abilities
F551	Rights Exercised by Representative	F603	*Free from Involuntary Seclusion	F677	*ADL Care Provided for Dependent Residents
F552	Right to be Informed/Make Treatment Decisions	F604	*Right to be Free from Physical Restraints	F678	*Cardio-Pulmonary Resuscitation (CPR)
F553	Right to Participate in Planning Care	F605	*Right to be Free from Chemical Restraints	F679	*Activities Meet Interest/Needs of Each Resident
F554	Resident Self-Admin Meds-Clinically Appropriate	F606	*Not Employ/Engage Staff with Adverse Actions	F680	*Qualifications of Activity Professional
F555	Right to Choose/Be Informed of Attending Physician	F607	*Develop/Implement Abuse/Neglect, etc. Policies	483.25	Quality of Care
F557	Respect, Dignity/Right to have Personal Property	F609	*Reporting of Alleged Violations	F684	Quality of Care
F558	*Reasonable Accommodations of Needs/Preferences	F610	*Investigate/Prevent/Correct Alleged Violation	F685	*Treatment/Devices to Maintain Hearing/Vision
F559	*Choose/Be Notified of Room/Roommate Change			F686	*Treatment/Svcs to Prevent/Heal Pressure Ulcers
F560	Right to Refuse Certain Transfers	483.15	Admission, Transfer, and Discharge	F687	*Foot Care
F561	*Self Determination	F620	Admissions Policy	F688	*Increase/Prevent Decrease in ROM/Mobility
F562	Immediate Access to Resident	F621	Equal Practices Regardless of Payment Source	F689	*Free of Accident Hazards/Supervision/Devices
F563	Right to Receive/Deny Visitors	F622	Transfer and Discharge Requirements	F690	*Bowel/Bladder Incontinence, Catheter, UTI
F564	Inform of Visitation Rights/Equal Visitation Privileges	F623	Notice Requirements Before Transfer/Discharge	F691	*Colostomy, Urostomy, or Ileostomy Care
F565	*Resident/Family Group and Response	F624	Preparation for Safe/Orderly Transfer/Discharge	F692	*Nutrition/Hydration Status Maintenance
F566	Right to Perform Facility Services or Refuse	F625	Notice of Bed Hold Policy Before/Upon Transfer	F693	*Tube Feeding Management/Restore Eating Skills
F567	Protection/Management of Personal Funds	F626	Permitting Residents to Return to Facility	F694	*Parenteral/IV Fluids
F568	Accounting and Records of Personal Funds	483.20	Resident Assessments	F695	*Respiratory/Tracheostomy care and Suctioning
F569	Notice and Conveyance of Personal Funds	F635	Admission Physician Orders for Immediate Care	F696	*Prostheses
F570	Surety Bond - Security of Personal Funds	F636	Comprehensive Assessments & Timing	F697	*Pain Management
F571	Limitations on Charges to Personal Funds	F637	Comprehensive Assmt After Significant Change	F698	*Dialysis
F572	Notice of Rights and Rules	F638	Quarterly Assessment At Least Every 3 Months	F699	*Trauma Informed Care
F573	Right to Access/Purchase Copies of Records	F639	Maintain 15 Months of Resident Assessments	F700	*Bedrails
F574	Required Notices and Contact Information	F640	Encoding/Transmitting Resident Assessment	483.30	Physician Services
F575	Required Postings	F641	Accuracy of Assessments	F710	Resident's Care Supervised by a Physician
F576	Right to Forms of Communication with Privacy	F642	Coordination/Certification of Assessment	F711	Physician Visits- Review Care/Notes/Order
F577	Right to Survey Results/Advocate Agency Info	F644	Coordination of PASARR and Assessments	F712	Physician Visits-Frequency/Timeliness/Alternate NPPs
F578	Request/Refuse/Discontinue Treatment;Formulate Adv Di	F645	PASARR Screening for MD & ID	F713	Physician for Emergency Care, Available 24 Hours
F579	Posting/Notice of Medicare/Medicaid on Admission	F646	MD/ID Significant Change Notification	F714	Physician Delegation of Tasks to NPP
F580	Notify of Changes (Injury/Decline/Room, Etc.)	483.21	Comprehensive Resident Centered Care Plan	F715	Physician Delegation to Dietitian/Therapist
F582	Medicaid/Medicare Coverage/Liability Notice	F655	Baseline Care Plan	483.35	Nursing Services
F583	Personal Privacy/Confidentiality of Records	F656	Develop/Implement Comprehensive Care Plan	F725	Sufficient Nursing Staff
F584	*Safe/Clean/Comfortable/Homelike Environment	F657	Care Plan Timing and Revision	F726	Competent Nursing Staff
F585	Grievances	F658	Services Provided Meet Professional Standards	F727	RN 8 Hrs/7 days/Wk, Full Time DON
F586	Resident Contact with External Entities	F659	Qualified Persons	F728	Facility Hiring and Use of Nurse
		F660	Discharge Planning Process	F729	Nurse Aide Registry Verification, Retraining
		F661	Discharge Summary	F730	Nurse Aide Perform Review – 12Hr/Year In- service
				F731	Waiver-Licensed Nurses 24Hr/Day and RN Coverage
				F732	Posted Nurse Staffing Information

Federal Regulatory Groups for Long Term Care

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

** Tag to be cited by CMS

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