

XI. Appendices

Appendix 1: F-Tag List

F-tags (“F” for “federal”) constitute the system through which federal nursing home regulations are identified in the survey process. Generally, each regulatory provision is assigned a corresponding F-tag number and surveyors use these numbers to indicate on the Statement of Deficiencies when a facility has failed to meet (or exceed) a given standard. The following list provides short descriptions of all the F-tags.

Editor’s Note: The list is in two parts, on this and the following page.

Federal Regulatory Groups for Long Term Care
***Substandard Quality of Care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red**
**** Tag to be cited by Federal Surveyors Only**

F540	Definitions	483.12	Freedom from Abuse, Neglect, and Exploitation	483.24	Quality of Life
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	F608	*Reporting of Reasonable Suspicion of a Crime	F684	Quality of Care
F558	*Reasonable Accommodations of Needs/Preferences	F609	*Reporting of Alleged Violations	F685	*Treatment/Devices to Maintain Hearing/Vision
F559	*Choose/Be Notified of Room/Roommate Change	F610	*Investigate/Prevent/Correct Alleged Violation	F686	*Treatment/Svcs to Prevent/Heal Pressure Ulcers
F560	Right to Refuse Certain Transfers	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	*{PHASE-3} Trauma Informed Care
F573	Right to Access/Purchase Copies of Records	F639	Maintain 15 Months of Resident Assessments	F700	*Bedrails
F574	Required Notices and Contact Information	F640	Encoding/Transmitting Resident Assessment	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

Figure 1 - F-tag List Part 1

Federal Regulatory Groups for Long Term Care***Substandard Quality of Care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red****** Tag to be cited by Federal Surveyors Only**

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 Svcs Physician Order/Notify of Results	F846	Facility closure	F924	Corridors Have Firmly Secured Handrails
F774	Assist with Transport Arrangements to Lab Svcs	F847	Enter into Binding Arbitration Agreements	F925	Maintains Effective Pest Control Program
F775	Lab Reports in Record-Lab Name/Address	F848	Select Arbitrator/Venue, Retention of Agreements	F926	Smoking Policies
F776	Radiology/Other Diagnostic Services	F849	Hospice Services	483.95	Training Requirements
F777	Radiology/Diag. Svcs Ordered/Notify Results	F850	*Qualifications of Social Worker >120 Beds	F940	{PHASE-3} Training Requirements - General
F778	Assist with Transport Arrangements to Radiology	F851	Payroll Based Journal	F941	{PHASE-3} Communication Training
F779	X-Ray/Diagnostic Report in Record-Sign/Dated	483.75	Quality Assurance and Performance Improvement	F942	{PHASE-3} 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	F866	{PHASE-3} QAPI/QAA Data Collection and Monitoring	F944	{PHASE-3} QAPI Training
F791	Routine/Emergency Dental Services in NFs	F867	QAPI/QAA Improvement Activities	F945	{PHASE-3} Infection Control Training
483.60	Food and Nutrition Services	F868	QAA Committee	F946	{PHASE-3} Compliance and Ethics Training
F800	Provided Diet Meets Needs of Each Resident	483.80	Infection Control	F947	Required In-Service Training for Nurse Aides
F801	Qualified Dietary Staff	F880	Infection Prevention & Control	F948	Training for Feeding Assistants
F802	Sufficient Dietary Support Personnel	F881	Antibiotic Stewardship Program	F949	{PHASE-3} Behavioral Health Training
F803	Menus Meet Res Needs/Prep in Advance/Followed	F882	Infection Preventionist Qualifications/Role		
F804	Nutritive Value/Appear, Palatable/Prefer Temp	F883	*Influenza and Pneumococcal Immunizations		
F805	Food in Form to Meet Individual Needs	F884	**Reporting – National Health Safety Network		
F806	Resident Allergies, Preferences and Substitutes	F885	Reporting – Residents, Representatives & Families		
F807	Drinks Avail to Meet Needs/P references/ Hydration	F886	COVID-19 Testing-Residents & Staff		
F808	Therapeutic Diet Prescribed by Physician	F887	COVID-19 Immunization		
F809	Frequency of Meals/Snacks at Bedtime	483.85	Compliance and Ethics Program		
F810	Assistive Devices - Eating Equipment/Utensils	F895	{PHASE-3} Compliance and Ethics Program		

Figure 2 - F-tag List Part 2

Appendix 2: Scope and Severity Grid

CMS and state survey agencies use the Scope and Severity Grid for rating the seriousness of nursing home deficiencies, i.e., of violations in minimum standards of care or other requirements. For each deficiency identified, the surveyor is charged with indicating the level of harm to the resident(s) involved and the scope of the problem within the nursing home. The surveyor then assigns an alphabetical scope and severity value to the deficiency. "A" is the least serious rating and "L" is the most serious rating. Information on deficiencies for all licensed nursing homes is available on Care Compare. When assessing a facility's survey performance, it is important to keep in mind that numerous studies have found that surveyors often fail to identify nursing home problems adequately, including serious care problems.⁴

The following chart is from the CMS [Nursing Home Data Compendium 2015 Edition](#).⁵

	Isolated	Pattern	Widespread
Immediate Jeopardy to Resident Health or Safety	J	K	L
Actual Harm that is Not Immediate Jeopardy	G	H	I
No Actual Harm with Potential for More than Minimal Harm that is Not Immediate Jeopardy	D	E	F
No Actual Harm with Potential for Minimal Harm	A	B	C

Note: "Double G" cases refer to a CMS policy intended to identify and address facilities with a historical pattern of high-level noncompliance. Double G cases are established when surveyors cite G-level (or higher) deficiencies on a current survey and a prior survey. Facilities with Double G must face specific and automatic penalties.

⁴ See, for example, U.S. Department of Health and Human Services Office of Inspector General, States Continued to Fall Short in Meeting Required Timeframes for Investigating Nursing Home Complaints: 2016-2018, OEI-01-19-00421 (September 2020). Available at <https://oig.hhs.gov/oei/reports/OEI-01-19-00421.pdf>.

⁵ Available at https://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/Downloads/nursinghomedatacompendium_508-2015.pdf.

Appendix 3: CMS Summary of Certification and Compliance for Nursing Homes

Following is an overview of nursing home oversight and compliance, which appears on the Centers for Medicare & Medicaid Services (CMS) website:

(<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/NHs.html>).

Nursing Homes

This page provides basic information about being certified as a Medicare and/or Medicaid nursing home provider and includes links to applicable laws, regulations, and compliance information. Below, in the downloads section, we also provide related nursing home reports, compendia, and the list of Special Focus Facilities (i.e., nursing homes with a record of poor survey [inspection] performance on which CMS focuses extra attention).

Skilled nursing facilities (SNFs under the Medicare Provision) and nursing facilities (NFs under the Medicaid Provision) are required to be in compliance with the requirements in [42 CFR Part 483, Subpart B](#) to receive payment under the Medicare or Medicaid programs. To certify a SNF or NF, a state surveyor completes at least a Life Safety Code (LSC) survey (See [SOM Appendix I](#) for LSC survey procedures, §§ 2470-2490), and a Standard Survey.

SNF/NF surveys are not announced to the facility. States conduct standard surveys and complete them on consecutive workdays, whenever possible. They may be conducted at any time including weekends, 24 hours a day. When standard surveys begin at times beyond the business hours of 8:00 a.m. to 6:00 p.m., or begin on a Saturday or Sunday, the entrance conference and initial tour should be modified in recognition of the residents' activity (e.g., sleep, religious services) and types and numbers of staff available upon entry.

The state has the responsibility for certifying a skilled nursing facility's or nursing facility's compliance or noncompliance, except in the case of state-operated facilities. However, the state's certification for a skilled nursing facility is subject to CMS approval. "Certification of compliance" means that a facility's compliance with federal participation requirements is ascertained. In addition to certifying a facility's compliance or noncompliance, the state recommends appropriate enforcement actions to the state Medicaid agency for Medicaid and to the regional office for Medicare.

The CMS regional office determines a facility's eligibility to participate in the Medicare program based on the state's certification of compliance and a facility's compliance with civil rights requirements.

The following entities are responsible for surveying and certifying a skilled nursing facility's or nursing facility's compliance or noncompliance with federal requirements:

- State-Operated Skilled Nursing Facilities or Nursing Facilities or State-Operated Dually Participating Facilities - The state conducts the survey, but the CMS regional office certifies

compliance or noncompliance and determines whether a facility will participate in the Medicare or Medicaid programs.

- Non-State Operated Skilled Nursing Facilities - The state conducts the survey and certifies compliance or noncompliance, and the CMS regional office determines whether a facility is eligible to participate in the Medicare program.
- Non-State Operated Nursing Facilities - The state conducts the survey and certifies compliance or noncompliance. The state's certification is final. The state Medicaid agency determines whether a facility is eligible to participate in the Medicaid program.
- Non-State Operated Dually Participating Facilities (Skilled Nursing Facilities/Nursing Facilities) - The state conducts the survey and certifies compliance or noncompliance. The state's certification of compliance or noncompliance is communicated to the state Medicaid agency for the nursing facility and to the CMS regional office for the skilled nursing facility. In the case where the state and the regional office disagree with the certification of compliance or noncompliance, there are certain rules to resolve such disagreements.

CMS's website provides links to important information relating to nursing homes, including:

- (1) The [current list of Special Focus Facilities](#) (pdf). ("Special Focus Facilities" are nursing homes identified as among the worst in the country and targeted for special oversight and possible removal from Medicaid/Medicare if they fail to make substantial improvements);
- (2) [Survey and enforcement process requirements for nursing homes](#) (pdf); and
- (3) The 2015 [Nursing Home Data Compendium](#) (pdf).

Appendix 4: Terms & Acronyms used in the State Operations Manual

Abbreviated Standard Survey means a survey other than a standard survey that gathers information primarily through resident-centered techniques on facility compliance with the requirements for participation. An abbreviated standard survey may be premised on complaints received; a change in ownership, management, or director of nursing; or other indicators of specific concern. (42 CFR 488.301)

Abuse – means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. (42 CFR 488.301)

ACO – Automated Survey Processing Environment (ASPEN) Central Office.

Act – the Social Security Act

AEM – Automated Survey Processing Environment (ASPEN) Enforcement Manager.

ASPEN – Automated Survey Processing Environment.

CASPER – Certification and Survey Provider Enhanced Reporting.

Certification of Compliance means that the facility is in at least substantial compliance and is eligible to participate in Medicaid as a nursing facility, or in Medicare as a skilled nursing facility, or in both programs as a dually participating facility.

Certification of Noncompliance means that the facility is not in substantial compliance and is not eligible to participate in Medicaid as a nursing facility, or in Medicare as a skilled nursing facility, or in both programs as a dually participating facility.

CFR – Code of Federal Regulations.

CMP – civil money penalty.

CMPTS – Civil Money Penalty Tracking System.

CMS – Centers for Medicare & Medicaid Services (formerly HCFA).

Deficiency means a skilled nursing facility's or nursing facility's failure to meet a participation requirement specified in the Act or in 42 CFR Part 483 Subpart B. (42 CFR 488.301)

DoPNA or DPNA – denial of payment for new admissions.

DPoC – directed plan of correction.

Dually Participating Facility means a facility that has a provider agreement in both the Medicare and Medicaid programs.

Educational programs means programs that include any subject pertaining to the long-term care participation requirements, the survey process, or the enforcement process.

Enforcement action means the process of imposing one or more of the following remedies: termination of a provider agreement; denial of participation; denial of payment for new admissions; denial of payment for all residents; temporary manager; civil money penalty; state monitoring; directed plan of correction; directed in-service training; transfer of residents;

closure of the facility and transfer of residents; or other CMS-approved alternative state remedies.

Expanded survey means an increase beyond the core tasks of a standard survey. A standard survey may be expanded at the surveying entity's discretion. When surveyors suspect substandard quality of care they should expand the survey to determine if substandard quality of care does exist.

Extended survey means a survey that evaluates additional participation requirements subsequent to finding substandard quality of care during a standard survey. (42 CFR 488.301)

Facility means a skilled nursing facility or nursing facility, or a distinct part of a skilled nursing facility or nursing facility, in accordance with 42 CFR 483.5. (42 CFR 488.301) §7008 (See for entities that qualify as skilled nursing facilities and nursing facilities.)

FSES – Fire Safety Evaluation System.

IDR – informal dispute resolution.

IJ – immediate jeopardy.

Immediate family means a husband or wife; natural or adoptive parent, child or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild. (42 CFR 488.301.)

Immediate jeopardy means a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. (42 CFR 488.301)

Independent IDR – Independent informal dispute resolution

LSC – Life Safety Code.

MAC means Medicare Area Contractor.

Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent. (42 CFR 488.301)

NATCEP – Nurse Aide Training and Competency Evaluation Program.

Neglect means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. (42 CFR 488.301)

New admission, for purposes of a denial of payment remedy, means a resident who is admitted to the facility on or after the effective date of a denial of payment remedy and, if previously admitted, has been discharged before that effective date. (See §7506 for examples of what does and does not constitute a new admission for purposes of the remedy.) (42 CFR 488.401)

NF – nursing facility.

Noncompliance means any deficiency that causes a facility not to be in substantial compliance. (42 CFR 488.301)

No Opportunity to Correct means the facility will have remedies imposed immediately after a determination of noncompliance has been made.

Nurse aide means any individual providing nursing or nursing-related services to residents in accordance with 42 CFR 483.75(e)(1)(CFR 42 488.301) .

Nursing facility means a Medicaid nursing facility. (42 CFR 488.301)

OBRA '87 – the Omnibus Budget Reconciliation Act of 1987.

Opportunity to Correct (OTC) means the facility is allowed an opportunity to correct identified deficiencies before remedies are imposed.

Partial extended survey means a survey that evaluates additional participation requirements and verifies the existence of substandard quality of care during an abbreviated standard survey. (42 CFR 488.301.)

Past Noncompliance (PNC) means a deficiency citation at a specific survey data tag ([F-tag](#) or K-tag), that meets all of the following three criteria:

- 1) The facility was not in compliance with the specific regulatory requirement(s) (as referenced by the specific F-tag or K-tag) at the time the situation occurred;
- 2) The noncompliance occurred after the exit date of the last standard (recertification) survey and before the survey (standard, complaint, or revisit) currently being conducted, and
- 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 specific F-tag or K-tag.

Per day civil money penalty means a civil money penalty imposed for the number of days a facility is not in substantial compliance.

Per instance civil money penalty means a civil money penalty imposed for each instance of facility noncompliance.

PoC – plan of correction. (42 CFR 488.401)

QIES – Quality Improvement and Evaluation System.

Representative – for purposes of educational programs, means family members, legal guardians, friends, and ombudsmen assigned to the facility; for purposes of Independent IDR, means either the resident's legal representative or the individual filing a complaint involving or on behalf of a resident.

Self-Reported Noncompliance – Noncompliance that is reported by a facility to the state survey agency before it is identified by the state, CMS, or reported to the state or CMS by an entity other than the facility itself.

SFF – Special Focus Facility.

Skilled nursing facility means a Medicare-certified nursing facility that has a Medicare provider agreement. (42 CFR 488.301)

SMA – state Medicaid agency.

SNF – skilled nursing facility.

Standard survey means a periodic, resident-centered inspection that gathers information about the quality of service furnished in a facility to determine compliance with the requirements of participation. (42 CFR 488.301)

State survey agency (SA) means the entity responsible for conducting most surveys to certify compliance with the Centers for Medicare and Medicaid Services' participation requirements.

State Medicaid agency means the entity in the state responsible for administering the Medicaid program.

Substandard quality of care (SQC) means one or more deficiencies related to participation requirements under 42 CFR 483.13, resident behavior and facility practices, 42 CFR 483.15, quality of life, or 42 CFR 483.25, quality of care, that constitute either immediate jeopardy to resident health or safety (level J, K, or L); a pattern of or widespread actual harm that is not immediate jeopardy (level H or I); or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm (level F). (42 CFR 488.301) [**Editor's Note:** See separate [appendix](#), below, for detailed information in SQC.]

Substantial compliance means a level of compliance with the requirements of participation such that any identified deficiencies pose no greater risk to resident health or safety than the potential for causing minimal harm. Substantial compliance constitutes compliance with participation requirements. ([42 CFR 488.301](#))

Appendix 5: National and General Resources

- Centers for Medicare & Medicaid Services ([CMS](#))⁶ – The federal agency responsible for overseeing care and quality of life in nursing homes (as well as for other providers that participate in Medicare and/or Medicaid).
- [Long-Term Care Ombudsman Program \(LTCOP\)](#)⁷ – The LTCOP is a federally-mandated program that provides, within each state and locality, nursing home monitoring and advocacy for residents' rights and quality care. In addition, ombudsmen educate consumers and providers, work to resolve residents' complaints, and make information available to the

⁶ <https://www.cms.gov/>.

⁷ <https://www.acl.gov/programs/protecting-rights-and-preventing-abuse/long-term-care-ombudsman-program>. (See also <http://ltcombudsman.org/>).

public on nursing homes and other long-term care facilities and services. Also see below under New York State Resources.

- Medicaid Fraud Control Units (MFCU)⁸ – MFCUs investigate and prosecute abuse, neglect and fraud committed by hospitals, nursing homes, pharmacies, and other providers. There are MFCUs in the District of Columbia and every state.
- Care Compare⁹ – The federal website (previously “Nursing Home Compare”) with quality-of-care, staffing, ownership, and other information for all licensed nursing homes in the United States. Care Compare includes the 5-Star Nursing Home Quality Rating System, which provides a star rating for each nursing home based on its (1) health inspections, (2) staffing levels, and (3) quality measures. Though Care Compare has its weaknesses, it is widely considered to be, by far, the most reliable resource for information on a facility’s quality of care.
- ProPublica Nursing Home Inspect¹⁰ – This web-based tool enables users to compare nursing homes in a state based on the deficiencies cited by regulators and the penalties imposed in the past three years. One can also search over 60,000 nursing home inspection reports to look for trends or patterns.
- U.S. Office of Inspector General (OIG)¹¹ – The OIG, part of the Department of Health and Human Services, has responsibility for fighting waste, fraud, and abuse in Medicare and Medicaid services. This work includes auditing for the appropriateness of services billed to Medicaid/Medicare. The OIG website has a searchable database of individuals and entities excluded from providing Medicaid/Medicare services.
- U.S. Code of Federal Regulations: Requirements for Nursing Homes.¹²
- CMS State Operations Manual (SOM)¹³ – The SOM for state survey agency operations is provided in numerous chapter and appendix files (PDF) on the CMS website.

⁸ <https://oig.hhs.gov/fraud/medicaid-fraud-control-units-mfcu/>

⁹ <https://www.medicare.gov/nursinghomecompare/search.html>

¹⁰ <http://projects.propublica.org/nursing-homes/>.

¹¹ <https://oig.hhs.gov>.

¹² <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=371b56d5eda767bbbbc9625cce48c146&mc=true&n=pt42.5.483&r=PART&ty=HTML#p42.5.483.b>.

¹³ <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984.html>. For Appendix PP, Interpretive Guidelines, see:

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltc.pdf.

- Requirements for Reporting Suspicion of Crime in Nursing Homes to Law Enforcement (PDF)¹⁴ – The 2010 Affordable Care Act set forth important requirements regarding reporting suspicion of crime against nursing home residents. Because this is such a serious issue, the law sets forth significant fines if a facility employee or owner (including care staff, administrative staff and contractors) fails to report when there is suspicion of a crime against a nursing home resident.

Appendix 6: Federal Definition of “Substandard Quality of Care”

The following definition and explanation of Substandard Quality of Care (SQC) is from the CMS memo, S&C: 17-27-NH (May 12, 2017).¹⁵

New Definition for SQC

A new definition of SQC was added to [42 CFR 488.301](#) by the Final Rule to reform the requirements for long-term care facilities that went into effect on November 28, 2016 (81 FR 68688). There were no substantial or substantive changes to the content of what types of deficient practices would result in SQC, however, the regulatory citations to the relevant requirements have changed. The new definition reflects this general reorganization of the regulations. Also, some regulations may have been moved from their previous regulatory grouping to a new regulatory group.

The new definition of SQC in § 488.301 provides that substandard quality of care means one or more deficiencies which constitute either immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm, related to participation requirements under:

- §483.10 “Resident rights,” paragraphs:
 - (a)(1) through (a)(2),
 - (b)(1) through (b)(2),
 - (e) (except for (e)(2), (e)(7), and (e)(8)),
 - (f)(1) through (f)(3) and (f)(5) through (f)(8), and
 - (i)
- §483.12 “Freedom from abuse, neglect, and exploitation;”
- §483.24 “Quality of life;”
- §483.25 “Quality of care;”
- §483.40 “Behavioral health services,” paragraphs (b) and (d);
- §483.45 “Pharmacy services,” paragraphs (d), (e), and (f);

¹⁴ <http://nursinghome411.org/policy-brief-reporting-nursing-home-crime/>.

¹⁵ <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-27.pdf>.

- §483.70 “Administration,” paragraph (p), and
- §483.80 “Infection control,” paragraph (d).

Appendix 7: ASPEN Complaints/Incidents Tracking System (ACTS)

The ASPEN Complaints/Incidents Tracking System (ACTS) is designed to track, process, and report on complaints and incidents reported against health care providers and suppliers regulated by CMS. It is designed to manage all operations associated with complaint/incident processing, from initial intake and investigation through the final disposition.

The ACTS must be used for the intake of all allegations against Medicare/Medicaid-certified providers/suppliers and CLIA. The ACTS is a federal system and data entered into ACTS is subject to federal laws governing disclosure and the protection of an individual’s right to privacy.

A complaint/incident record is created in ACTS based on how the allegation is received by the SA or RO. For example, if one person calls with ten allegations about one provider/supplier, this is counted as one complaint record. If six people call with the same allegation, this is counted as six telephone calls and is counted as six complaint records. If one letter is received with one or many allegations and is signed by 20 people, this is counted as one complaint record.

1 - Data Entry

The SAs and ROs are required to enter into ACTS:

- All complaint information gathered as part of federal survey and certification responsibilities, regardless if an onsite survey is conducted; and
- All self-reported incidents that require a federal onsite survey.

The information recorded in ACTS reflects the allegation furnished by the complainant at the time of the intake. At a minimum, if the intake information requires an onsite survey and the allegation may involve both federal and state licensure requirements, a federal onsite survey is completed and entered into ACTS.

If an investigation finds one or more violations of federal requirements, the findings must be cited under the appropriate tags and entered into the federal system even if the information is entered into a state licensure data system. Since this information is essential to the effective management of the survey and certification program, it is important that SAs complete the required fields in ACTS in a timely manner.

Appendix 8: Chart on Revisit/Date of Compliance Policy

Revisit/Date of Compliance Policy

Revisit #	Substantial Compliance	Old deficiencies corrected but continuing noncompliance at F(no SQC) or below	Old deficiencies corrected but continuing noncompliance at F(SQC), harm or LJ	Noncompliance continues	Any noncompliance
1st revisit	Compliance is certified as of the latest correction date on the approved PoC, unless it is determined that either correction actually occurred between the latest correction date on the PoC and the date of the 1st onsite revisit, or correction occurred sooner than the latest correction date on the PoC.	<p>1. A 2nd onsite revisit is discretionary if acceptable evidence is provided.</p> <p>When evidence is accepted with no 2nd onsite revisit, compliance is certified as of the date confirmed by the evidence.</p> <p>2. When a 2nd onsite revisit is conducted, acceptable evidence is required if the facility wants a date earlier than that of the 2nd onsite revisit to be considered for the compliance date.</p>	<p>1. A 2nd onsite revisit is required.</p> <p>2. Acceptable evidence is required if the facility wants a date earlier than that of the 2nd onsite revisit to be considered for the compliance date.</p>	<p>1. A 2nd onsite revisit is required.</p> <p>2. Acceptable evidence is required if the facility wants a date earlier than that of the 2nd onsite revisit to be considered as the compliance date.</p>	
2nd revisit	Compliance is certified as of the date of the 2nd onsite revisit or the date confirmed by the acceptable evidence, whichever is sooner.				<p>1. A remedy must be imposed if not already imposed.</p> <p>2. Either conduct a 3rd onsite revisit or proceed to termination.</p>
A 3rd REVISIT IS NOT ASSURED AND MUST BE APPROVED BY THE RO					
3rd revisit	Compliance is certified as of the date of the 3rd onsite revisit.				Proceed to termination.

Examples of acceptable evidence may include, but are not limited to:

Givens:

- An invoice or receipt verifying purchases, repairs, etc.
- Sign-in sheets verifying attendance of staff at in-services training.
- Interviews with more than 1 training participant about training.
- Contact with resident council, e.g., when dignity issues are involved.
- An approved PoC is required whenever there is noncompliance;
- Remedies can be imposed anytime for any level of noncompliance;
- Onsite revisits can be conducted anytime for any level of noncompliance;