

SECTION FOR LONG-TERM CARE REGULATION



MANHA- 2/7/2025

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MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

FACILITY DATA AND TRENDS

DHSS Licensure Unit Data- Notable findings from 2015 to 2024:

- Total # of facilities has decreased, however, # of licensed beds is relatively the same.
- Facility/bed growth is in ALF level of care.
- Decline in overall census

April 2015	# fac	# beds	census	December 2024	# fac	# beds	census
Total	1151	79719	55552	Total	1107	80092	52022

LICENSURE AND CERTIFICATION

Closures Since 2020

- SNF/ICF PERMANENT closures: 37 (34 SNF and 3 ICF) (1 merged with another facility on the same premises)
- RCF: 64 (3 merged with another level of care on the premises or merged into one facility)
- ALF: 25 (3 merged with another facility on the premises)

Total: 125 permanently closed facilities

New Facilities since 2020: 57

10- RCF (5 newly licensed since October 2023)

42- ALF (9 newly licensed since October 2023)

5- SNF (1 newly licensed since October 2023)

Total: 57 new facilities

STATE AND FEDERAL ANNUAL INSPECTIONS/SURVEYS

Overdue Certification surveys (15.9 months)	July 2022	2/3/25
Total overdue surveys (SNF/NF-494)	297	46

# of SLO locations with no inspection in past fiscal year	July 2022	July 2024
(~778 total required)	493	122* (included 54 ADC programs)

- Overdue Medicare/Medicaid surveys being performed by CertiSurv, HMS, and Ascellon.
- Average number of health deficiencies per survey
 - 2019: 8.0 citations per recertification survey
 - 2024: 10.4 citations per recertification survey

COMPLAINTS

Calendar Year 2024: 11,105

Calendar Year 2023: 12,097

Calendar Year 2022: 11,659

Total # of overdue complaints pending onsite investigation: **298**

TOP CITATIONS FOR COMPLAINT INVESTIGATIONS

- F600 Free from Abuse and Neglect/Investigate Allegations/Report Allegations*
- F658 Services Provided Meet Professional Standards*
- F689 Free of Accident Hazards/Supervision/Devices*
- F684 Quality of Care*
- F677 ADL Care Provided for Dependent Residents
- F880 Infection Prevention & Control
- F584 Safe/Clean/Comfortable/Homelike Environment
- F686 Treatment/Svcs to Prevent/Heal Pressure Ulcer*
- F602 Free from Misappropriation/Exploitation
- F580 Notify of Changes (Injury/Decline/Room, etc.)
- F550 Resident Rights/Exercise of Rights
- F725 Sufficient Nursing Staff
- F760 Residents are Free of Significant Med Errors*

TOP CITATIONS DURING RECERTIFICATION SURVEYS

- F812 Food Procurement, Store/Prepare/Serve Sanitary
- F880 Infection Prevention & Control
- F689 Free of Accident Hazards/Supervision/Devices
- F584 Safe/Clean/Comfortable/Homelike Environment
- F656 Develop/Implement Comprehensive Care Plan
- F761 Label/Store Drugs and Biologicals
- F677 ADL Care Provided for Dependent Residents
- F658 Services Provided Meet Professional Standards
- F550 Resident Rights/Exercise of Rights
- F657 Care Plan Timing and Revision
- F623 Notice Requirements Before Transfer/Discharge

REGULATION AND COMPLIANCE UNIT

Calendar Year 2024

I06- Class I/Immediate Jeopardy

- ALF 12
- RCF 14
- ICF/SNF 80

I00- Uncorrected Class II's

- ALF 17
- RCF 29
- ICF/SNF 54

22- Immediate Jeopardy- Past Non-compliance

2024 ENFORCEMENT RECAP

- 5 SNFs went through involuntary termination of Medicaid/Medicare
- 4 SNFs currently have a temporary manager imposed- overseeing corrective action
- Consent agreements
- Directed Plan of Correction
- Directed Inservice Training

**QSO 25-07-NH REVISED LTC
SURVEYOR GUIDANCE
EFFECTIVE 3/24/2025**

<https://www.cms.gov/files/document/qso-25-12-nh.pdf>

QSO-25-07 NH Overview

Changes to the following areas:

- Admission, Transfer, and Discharge
- Chemical Restraints and Unnecessary Psychotropic Medications
- Resident Assessment
- Quality of Life
- Quality of Care
- Administration and QAPI
- Infection Control
- Clarifications and Technical Corrections to Appendix PP

Admission, Transfer, and Discharge

- Stronger language to prohibit admission agreements from containing language requesting or requiring a third-party guarantee of payment
- F-Tags 622-626 deleted, and two new tags created
- F627 Inappropriate Transfers and Discharges
- F628 Transfer and Discharge Process
- Direction to contact ombudsman during offsite prep to determine if they have concerns related to inappropriate discharge and/or transfer or if they have received complaints related to the facility's transfer and discharge process

Admission, Transfer, and Discharge

F627 Inappropriate Transfer and Discharge

- Policies and procedures related to transfer and discharge
- Discharges to locations which protect the health and safety of the resident
- Discharge planning should include the resident's goals and needs, including resources
- Discharge planning should involve the resident, resident representative and IDT
- Discharge based on an inability to meet the resident's needs, but there is no evidence of facility attempts to meet the resident's needs, or no evidence of an assessment at the time of discharge indicating what needs cannot be met

Admission, Transfer, and Discharge

F627 Inappropriate Transfer and Discharge

***NOTE:** For citations at any level of scope and severity, if the discharged resident's health and/or safety is threatened in the setting they are currently located, the facility's plan of correction should state that the facility will either, 1) Re-admit the resident until a safe and compliant discharge can be done, or 2) Coordinate a transfer of the resident to another setting where they will be safe. The facility should not be determined in substantial compliance until one of these two items is complete (and all other noncompliance has been corrected). If the resident's needs are being met in their current location, the plan of correction should include specifics on how the facility will prevent inappropriate noncompliant discharges in the future.*

Additionally, for situations in which residents' discharge locations did not meet their health and/or safety needs, enforcement should be implemented immediately. For example, a discretionary denial of payment for new admissions should be imposed to go into effect within 2 or 15 days (as appropriate), and remain in effect until a return to substantial compliance as evidenced by either, 1) the resident is readmitted and not discharged unless a safe and compliant discharge is done, or 2) the facility coordinates a discharge to another setting where their needs will be met.

Admission, Transfer, and Discharge

F628 Transfer and Discharge Process

- Documentation necessary for compliance
- Discharge notice requirements such as timing and contents
- Bed hold policy
- Discharge summary

Admission, Transfer, and Discharge

Critical Element (CE) Pathway Changes:

- Hospitalization pathway with more interviews for staff and resident related to interventions put in place to prevent returns to the hospital
- Additional areas to review related to discharge due to danger to self or others and unable to meet needs to focus on what was different for this resident compared to other residents
- Discharge investigation pathway divided into two separate investigations for F627 and F628

Chemical Restraints and Unnecessary Psychotropic Medications

- F758 (Psychotropic Meds) has been incorporated into the Abuse section of Appendix PP at F605
- Unnecessary Medications has been revised to only include the non psychotropic medications at F757
- The definition of “convenience” in Appendix PP has been revised to include situations when medications are used to cause symptoms consistent with sedation and/or require less effort by facility staff to meet the resident’s needs
- Guidance for residents with a new diagnosis of schizophrenia but little evidence of how that diagnosis was established
- Before a psychotropic medication is prescribed or increased, residents must be informed and given the opportunity to accept or decline the medication and/or medication change

Chemical Restraints and Unnecessary Psychotropic Medications

CE Pathway Changes:

- Revised pathway for Unnecessary Medications which now includes chemical restraints and related investigation probes
- Increased focus on side effects from psychotropic medications, including sedation and adverse effects
- Use and implementation of non- pharmacological interventions
- Interview with medical director
- Record review specific to residents with a new diagnosis of schizophrenia



QAPI

- Health equity concerns should be included in data and feedback review
- Health equity concerns and other related data points should be considered as facility sets priorities for QAPI program

QAPI

“Health equity” refers to the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. From the CMS Framework for Health Equity, April 2022, <https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/cms-framework-for-health-equity>.

QAPI

CE Pathway Changes:

- Increased emphasis on policy and record review
- Interviews with the medical director, including whether system failures related to care were identified prior to survey
- Probes to identify whether the medical director was involved with implementation of resident care policies and coordination of medical care

Pain Management

- Revised guidance for acute, chronic, and subacute pain to better align with current CDC definitions
- References to individualized opioid treatment plans
- Clarification regarding immediate release opioids in addition to extended release or long acting

Pain Management

Assessment

In addition to the Resident Assessment Instrument (RAI), it is important that the facility identifies how they will consistently assess pain. Some facilities may use assessment tools that are appropriate for use with their resident population. There are many reliable and valid evidenced based practice tools available to facility staff to assist in the assessment of pain. Pain assessment tools that can be used with cognitively intact and impaired residents can be obtained on the Geriatric Pain website at <https://geriatricpain.org/clinicians/pain-assessment-information>.

The Geriatric Pain website has many helpful tools for pain assessment and management for older adults



Cognitively Intact

Tools and resources for assessing and treating pain in patients who are cognitively intact.



Cognitively Impaired

Tools and resources for assessing and treating pain in patients who are cognitively impaired.

Pain Management

Pain Recognition and Management Critical Element Pathway

Resident, Resident Representative, or Family Interview:

- Have you had any unrelieved pain or discomfort recently? If yes, did the facility address the unrelieved pain?*
- Were you involved in developing and revising pain management? Do the care plan interventions reflect your goals and preferences?*
- What factors may *cause* or alleviate the pain?
- How have you typically expressed pain and responded to various interventions in the past?
- What treatment options (pharmacological and/or non-pharmacological) were attempted? *Were the options effective?*

Nursing Aide Interview:

- Does the resident *exhibit or verbalize* any pain during *care*? If *yes*, what do you do?
- Do you *implement* interventions *that* are *listed in* the resident's *pain management* care plan?

Pain Management

CE Pathway Changes:

- Additional emphasis on evaluation and monitoring of pain management interventions and their effectiveness
- Interviews and record review to assess how the facility addresses the resident's pain

Accidents

- Vaping and e-cigarette use addressed
- Additional guidance regarding residents with substance use disorder (SUD)

Accidents

Accidents Critical Element Pathway

Use this pathway for a resident who requires supervision and/or assistive devices to prevent accidents and to ensure the environment is free from accident hazards as possible.

Review the Following in Advance to Guide Observations and Interviews:

- Most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAs for Sections C, E, GG, H, J, N, O, and P.
- Physician's orders, *and any pertinent diagnoses.*
- Progress notes, *care plan interventions, and investigation reports (if available) for any incidents or concerns related to* of smoking, injuries, altercations, elopements, *residents with substance use disorder (SUD)* or falls.

Observations for all areas:

- Is the resident being supervised and interventions implemented as care planned?*

Wandering and Elopement Observations:

- If a resident is exit seeking (including resident with SUD), or attempting to access unsafe areas, are interventions implemented to keep the resident safe?*

Residents with SUD observations:

- Are residents with SUD who leave facility and return, assessed for signs and symptoms of substance use and potential overuse (to prevent an overdose event)?*
- Are residents with SUD appropriately monitored to prevent misuse of substances (e.g., alcohol and/or drugs)?*

Smoking/Use of Electronic Cigarette Observations:

- Is the resident smoking safely (observe as soon as possible):
 - Is the resident supervised if required;
 - Does the resident *smoke while on* oxygen; have a smoking apron or safety equipment *on* if needed; have difficulty holding or lighting a cigarette/*cigar; or have* burned areas in the resident's clothing/body; and
 - *For residents that smoke cigarettes or electronic cigarettes, are they stored in a manner that prevents misuse from other residents and fire hazards (including lighters and chargers)?*
 - *Are e-cigarette devices charged while unattended? (yes=fire hazard)*

Accidents

CE Pathway Changes:

- Probes added for residents with SUD
 - Vaping and e-cigarettes added to smoking safety area
 - Revisions to Environmental Hazards Observations such as hot water temperatures and equipment hazards
 - Items added to record review including assessment and safety of resident beds
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Respiratory Care

- Additional items to review for residents with complex respiratory care such as tracheostomy care and ventilators
- Review to ensure oxygen is delivered as ordered

Respiratory Care

Respiratory Care Critical Element Pathway

Mechanical Ventilation or Tracheostomy:

- *Is the resident able to make their needs known, such as writing, communication cards/boards, and/or computer access? (F656)*
- *Does staff intervene when a resident exhibits signs of anxiety, distress or discomfort?*
- *Is the resident positioned as ordered;*
- *Does the facility perform adequate oral care on the resident?*
- *Is the respiratory equipment plugged into the correct emergency power source?*
- *Does the facility have trach resuscitation equipment at the bedside (i.e. ambulation bag)?*
- *Do staff respond promptly when an alarm sounds?*
- *Is the tracheostomy site clean and free of signs of infection?*
- *When changing a tracheostomy tube, does staff follow appropriate infection control practices, and replace the tube with the correct size and one that has undergone sterilization or disinfection?*
- *Does staff use appropriate infection control practices such as hand hygiene and PPE while providing tracheostomy and/or ventilation care, and/or other high-contact care activities?*
- *Does staff respond appropriately if the resident has signs of an obstructed airway or need for suctioning (e.g., secretions draining from mouth or tracheostomy, inability to cough to clear chest, audible crackles or wheezes, dyspnea, restlessness or agitation)?*
- *Is sterile water used to fill humidifiers?*
- *Does staff take precautions not to allow condensate to drain toward the resident?*
- *Is a new sterile single-use open-system suction catheter used each time with sterile gloves?*
- *Is sterile fluid used to remove secretions from the suction catheter if the catheter is used for re-entry into the resident's lower respiratory tract?*
- *Are mesh nebulizers that remain in the ventilator circuit cleaned, disinfected, or changed at an interval recommended by manufacturer's instructions?*
- *Are machines or equipment maintained and cleaned with an appropriate disinfectant and stored per manufacturer's instructions?*

Resident, Resident Representative, or Family Interview:

- Are you able to access call systems and communication devices?*
- Does the facility involve you in decisions regarding your respiratory care? If yes, does care reflect your preferences and choices?*
- Are your respiratory needs being met?*
- Have you experienced any complications? If yes, what did staff do?*

Respiratory Care

CE Pathway Changes:

- Increased direction for observations of tracheostomy care
- Observations to ensure oxygen is delivered as ordered
- Additional items in record review and deficiency determination area if the facility uses respiratory therapists

Sufficient and Competent Nurse Staffing

- Guidance added for investigations using the Payroll Based Journal Staffing Data Report
- Instructions specific to staff interviews, observations, key elements of non-compliance, and deficiency categorization
- CE pathway updated in its entirety
- Updated guidance under F725 and F727

Sufficient and Competent Nurse Staffing

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Sufficient and Competent Nurse Staffing Review

Evaluate whether the facility has sufficient and competent nursing staff to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and

Surveyors conduct observations, interviews, and record reviews throughout the survey, on different shifts and units to determine the staff's availability and competency to meet the needs of the residents.

During team meetings, discuss whether there are any issues indicating concerns related to sufficient or competent staff.

CMS expects the survey team to cite noncompliance when a minimum of one day is identified through investigation as not meeting the staffing requirements for a Registered Nurse (RN), Licensed Nurses (LN) and/or other nursing staff, OR the facility is unable to provide evidence of RN and/or LN coverage for dates identified in the PBJ Staffing Data Report.

PART I – COMPLETED BY TEAM COORDINATOR (during offsite prep and on day one of survey)

Mandatory Submission of Staffing Information:

During offsite preparation, the TC reviews the information in the CMS survey system Payroll-Based Journal (PBJ) Staffing Data Report to determine if the facility submitted the required staffing information.

1. Did the facility submit the required staffing information based on payroll data? Yes No ***F851, cite scope and severity at "F"***

RN Serving as Full-time Director of Nursing (DON)

If the facility does not provide information on the RN designated to serve as the full-time DON during the entrance conference cite F727.

2. Does the facility have an RN to serve as the DON on a full-time basis?

Yes No ***F727, cite scope and severity at a minimum of "F"*** N/A, *the facility has a waiver for the DON requirements.*

RN and LN Coverage:

If RN hours and/or LN coverage is triggered on the PBJ Staffing Data Report, review the information provided by the facility, as requested during the entrance conference, to verify the accuracy of the RN and LN absences on the PBJ Staffing Data Report. Acceptable evidence is timecards, timesheets, or payroll information that clearly shows RN and/or LN coverage on the dates in question. A schedule of who was supposed to work is NOT acceptable. If the facility is unable to provide evidence of RN and/or LN coverage for the dates identified, non-compliance must be cited at F725 for LN and/or F727 for RN.

Additional Changes

RAI/MDS

- Using MDS data to investigate unnecessary meds added to F64I
- RN completion and certification of MDS (F642) incorporated into F64I, Accuracy of Assessment
- Self care and mobility levels of assistance revised to align with Section GG vs G; this is also included in F677

Additional Changes

Professional Standards of Care

- F658 now contains guidance to investigate residents with antipsychotic medications and a new mental health diagnosis such as schizophrenia without supporting documentation for the diagnosis
- The guidance also includes information from the current DSM including diagnostic criteria for schizophrenia, schizoaffective disorder, and schizophreniform disorder to assist when investigating concerns related to mental health diagnosis without adequate documentation

Additional Changes

Professional Standards of Care

If the facility is unable to provide practitioner documentation which supports the new psychiatric diagnosis in question, then non-compliance exists. For example, if a new diagnosis of schizophrenia is noted in the medical record, the surveyor should verify the documentation supports the use of accepted standards of practice (e.g. current DSM criteria) for the diagnosis.

Below are excerpts from the DSM (current as of the date of this publication).¹ which describe diagnostic criteria for schizophrenia, schizophreniform disorder, and schizoaffective disorder. This list is not all-inclusive and should not be used as a checklist but rather as a guide when reviewing supporting documentation.

Additional Changes

CPR

- F692 updated to align with current nationally accepted standards
- Staff must maintain current CPR certification for Healthcare Providers through a CPR provider whose training includes a **hands-on session** either in a physical or virtual instructor-led setting in accordance with accepted national standards

Additional Changes

Infection Control

- Enhanced Barrier Precautions is now incorporated into Appendix PP along with new deficiency examples
- Clarification and examples for use of contact precautions for residents with multi drug resistant organism (MDRO) colonization and infection are also included

Additional Changes

Covid-19 Immunization

- Facilities are required to educate residents or resident representatives and staff on benefits and potential side effects of the Covid-19 vaccine
- Facilities are required to offer the vaccine to residents and staff
- The facility must develop and implement policies and procedures related to this
- Documentation is required
- This is now incorporated into Appendix PP at F887

Additional Changes


Physical Environment

- Revisions were made to allow facilities that receive approval of construction from State or local authorities or are newly certified after November 28, 2016 with two single occupancy rooms with one bathroom to meet the bedroom and bathroom facility requirements without undergoing major rehabilitation

QSEP Training

- Training has been added to QSEP for the changes in Appendix PP

Training Information

 Print Page

Training Name

[Long Term Care Appendix PP Regulatory and Interpretive Guidance Updates – Effective March 2025 \(LTCAPP_PP\)](#)

Training Offering Code

OCMSLTC_AppPP_2025

Training Description

Updated: January 16, 2025

This course consists of four presentations by the Division of Nursing Homes outlining the changes in Appendix PP related to:

- Admission, Transfer, and Discharge.
- Pain Management.
- Chemical Restraints, Unnecessary Psychotropic Medications, Accuracy of Assessment, and Professional Standards.
- Nurse Staffing and Payroll Based Journal.

These presentations provide a resource that can be used with the revised guidance for training and education with surveyors, providers, and other stakeholders. *Please note, the effective date for implementation of these changes is March 2025.*

Prerequisites

No prerequisites in addition to those indicated in the Prerequisites (Mandatory) section of the Training Plan.

Associated Documents

Document Name	Size	Upload Date	Description
1. Admission, Transfer, and Discharge	278 kb	1/8/2025	No description available.
2. Pain Management	287 kb	1/8/2025	No description available.
3. Chemical Restraints, Unnecessary Psychotropic Medications, Accuracy of Assessment, and Professional Standards	227 kb	1/8/2025	No description available.
4. Nurse Staffing and Payroll Based Journal	263 kb	1/8/2025	No description available.



THANK YOU

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