



Center for Clinical Standards and Quality

Admin Info: 25-06-NH

DATE: January 17, 2025

TO: State Survey Agency Directors

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

SUBJECT: **Revised:** Guidance for Federal Monitoring Surveys (FMS)

Memo Revision Information:

Revisions to Admin Info-24-12-NH

Original release date: November 20, 2023

Memorandum Summary

- **Guidance and Focus Concerns on Conducting Federal Monitoring Surveys (FMS) – FY2025 Guidance** on how CMS Location staff will conduct Federal Monitoring Surveys (FMS).
- **EP/LSC and Health FMS Mandates and estimates** – Communicates FY2025 mandates of 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, emergency preparedness (EP), and Life Safety Code (LSC) parts of the survey.

LTC Health FMS

In FY2025, LTC Health FMS **will be** comprised of two survey processes aimed at advising and evaluating State Agency (SA) Health Surveys **Resource and Support Surveys (RSS) and Health Comparatives**. *CMS will not conduct any Focused Concern Surveys (FCS) in FY2025*. Note that an EP FMS is not conducted during Health FMS, even if the SA Health Surveyors survey(ed) for EP regulations.

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~~ and provide real-time guidance, training and/or technical assistance to address identified performance needs while on-site or because of the evaluation of outcomes-
Form CMS-2567.
2. **Focused Concern Surveys (FCS) [Removed]**
3. **A Health Comparative** is a full-survey conducted by Federal Surveyors in the same facility, after a standard survey or complaint 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 of the SA survey exit date. In FY2025, the number of Health Comparatives have been reallocated so that all State have at least 2 comparatives and no State has more than 10 Comparatives, based on the number of NH Surveyed by SAs.

LTC Emergency Preparedness and Life Safety Code (LSC) FMS

LTC EP/LSC FMS are comprised of ~~four~~ five survey processes aimed at advising and evaluating SA surveyors surveys.

1. An **EP/LSC Resource and Support Survey (EP/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. An **EP/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 an EP/LSC comparative Survey is to monitor and evaluate SA performance. An EP survey will be conducted with all LSC comparative surveys. EP/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. An **EP/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. An **EP/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 an **EP/LSC** revisit comparative Survey is to monitor and evaluate SA performance. An EP survey will be conducted with all LSC revisit comparative surveys. **EP/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.

5. An **EP/LSC Desk Audit** is a desk review conducted by a Federal Surveyor after a SA conducted recertification survey. The purpose of a desk audit is to monitor and evaluate SA performance. This evaluation will be done by reviewing the EP and LSC statements of deficiencies (SOD) written after a SA recertification survey, the plan of correction accepted by the state agency and evidence of compliance obtained by the SA if a desk review was conducted. Desk audits will be selected within 60 calendar days of the SA LSC recertification survey. The SOD review will evaluate adherence to the State Operations Manual (SOM) Principles of Documentation (POD)(Exhibit 7A). The POC review will evaluate adherence to 42 CFR 488.402(d). The revisit review will evaluate whether the evidence of compliance shows that the facility is back in compliance with the requirements at the cited tag.

Discussion of LTC Health FMS

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 FY2025, CMS will only be conducting Resource and Support Surveys (RSS) and Health Comparatives. The focus of the RSS surveys will be specific to the state oversight needs for that state. During these surveys, CMS locations may identify specific areas of concern for States within their jurisdiction as an additional survey selection criterion.

LTC Health FCS [Removed]

LTC Health RSS

~~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.~~

For FY25, RSS will be completed throughout the FY.

During the RSS, the Federal Surveyor will join the SA team and provide active guidance and instruction ~~for the concern areas~~ **throughout the survey process**. 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 on the regulations, interpretive guidance found in SOM Appendix PP, Appendix Q, SOM Chapter 5, **SOM Chapter 7**, QSO Memoranda, and the critical element pathways ~~for the applicable concern areas~~, **where applicable**. 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,~~ **To ensure both the effectiveness and efficiency of the survey,** the Federal Surveyor ~~will provide support for any other survey topic that may arise~~ 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~~ **possible** and should ~~remain on site to assist with decision making~~ **provide guidance up to and including decision making for potential citations. The Federal Surveyor will serve as an advisor for any survey topic that may arise.**

~~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

Federal surveyors will provide formal feedback to the SA after each FMS using a report that contains a summary of each survey's findings and concerns.

Health RSS

- During the RSS, SA Surveyors are encouraged to ask questions of the Federal Surveyors.
- Following the SA's compliance decisions, the Federal Surveyor should recap the significant learning opportunities that were discussed with team members during the survey.
- ~~Following completion of the survey,~~ **Within 30 Calendar days of the CMS Exit Date,** the Federal Surveyor will provide an FMS Health RSS State Report detailing the survey findings and highlight guidance provided during the survey, including feedback on the SA's use of resources to fully investigate facility compliance.
- The FMS Health RSS State Report includes the review of Form CMS-2567 and is intended to be a learning tool to communicate survey related guidance to all SA surveyors to ensure the SA correctly **uses NH Survey Resources and** applies the SOM Principles of Documentation (Exhibit 7A).

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 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 [Section Removed]

Discussion of LTC Emergency Preparedness and Life Safety Code FMS

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 an EP/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 (and health) teams 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 EP/LSC RSS, SA Surveyors are encouraged to ask questions of the Federal Surveyors.

Following completion of the survey, the Federal Surveyor will complete an EP/LSC RSS State Report to document the survey findings and highlight guidance provided during the survey. This document includes the review of ~~the~~ Form CMS-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 POD.

The report should be completed and sent to the SA within 30 calendar days of the CMS 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~~ Health FMS (comparative and RSS), CMS Locations should prioritize providers based on data indicating a risk of non-compliance, those with a history of noncompliance, allegations of noncompliance ~~with the focused concern areas~~, or CMS Location specific concerns, media attention, or other justification. For both EP/LSC and Health RSS, the Federal Health Surveyor will work collaboratively with the SA to identify surveys that will provide good training opportunities.

~~The number of statutorily required FMS to be conducted in each state for FY24 and the estimated number for FY25 is provided in the appendix. Estimates are 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 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~~ a comparative survey.

Effective Date:

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

/s/

Karen L. Tritz
Director, Survey & Operations Group

David R. Wright
Director, Quality, Safety & Oversight Group

Attachment(s)

~~FY24 Mandates and FY25 Estimates~~ Mandates of FMS for LTC Health
~~FY24 Mandates and FY25 Estimates~~ Mandates of FMS for LTC EP/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 Mandated and FY25 Estimated Mandated 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 is roughly 50% of each type.~~ While 100% of the mandated surveys can be Comparatives, a minimum of 2 surveys in each State must be Comparatives, and the remaining mandated surveys, may be RSSs. Both Comparatives and RSS may be conducted on SA Recertification and Complaint surveys. RSS may also be conducted on SA Revisit Surveys. The targeted breakdown for both Comparatives and RSSs is 60% on SA complaints and 40% on SA recertifications. For RSSs, within the 60% that may be conducted on SA Complaints or SA Revisits, up to 10% can be conducted on SA revisits.

Column Definitions:

1. **State/ CMS Location** - the State where the surveys will be conducted, with totals for each 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. **RSS** - the total number of RSS that may be completed for each state.
6. **Targeted Breakdown** – Target counts of both FCS and RSS for each state (roughly 50% of each). Illustrates the 60/40 split for the types of SA Surveys (Recertification, Complaint - and for RSS only - Revisit) that CMS will target for Comparatives and RSS. These targets may be adjusted by the CMS Locations as long as the mandate is met and the total number of RSS does not exceed the maximum in each State. Within the targeted breakdowns CMS has the latitude to adjust the number of FMS based on the SA surveys available.

For example, State A requires 60 total FMS. A **minimum** of 10 FMS **must** be comparatives, and 50 FMSs may be RSS. For the Comparatives, CMS has established a target to conduct 6 of the 10 Comparatives on a SA Complaint, with the remaining 4 Comparatives targeted for a SA Recertification survey. Similarly, 30 of the 50 RSS are targeted for a SA Complaint or Revisit with the remaining 20 targeted for a SA Recertification survey.

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

State/CMS Location	Total Mandated	Comparatives			Resource and Support Surveys (RSS)		
		Min	Targeted Breakdown		Max	Targeted Breakdown	
			Complaint 60%	Recert 40%		Complaint or Revisit 60%	Recert 40%
Connecticut	8	2	1	1	6	4	2
Maine	5	2	1	1	3	2	1
Massachusetts	17	6	4	2	11	7	4
New Hampshire	5	2	1	1	3	2	1
Rhode Island	5	2	1	1	3	2	1
Vermont	5	2	1	1	3	2	1
Boston	45	16	9	7	29	19	10
New Jersey	15	2	1	1	13	8	5
New York	27	6	4	2	21	13	8
Puerto Rico	5	2	1	1	3	2	1
New York	47	10	6	4	37	23	14
Delaware	5	2	1	1	3	2	1
Maryland	6	2	1	1	4	3	1
Pennsylvania	34	6	4	2	28	17	11
Virginia	8	2	1	1	6	4	2
Washington DC	5	2	1	1	3	2	1
West Virginia	6	2	1	1	4	3	1
Philadelphia	64	16	9	7	48	31	17
Alabama	5	2	1	1	3	2	1
Florida	34	6	4	2	28	17	11
Georgia	16	6	4	2	10	6	4
Kentucky	8	2	1	1	6	4	2
Mississippi	10	2	1	1	8	5	3
North Carolina	20	6	4	2	14	9	5
South Carolina	10	2	1	1	8	5	3
Tennessee	11	2	1	1	9	6	3
Atlanta	114	28	17	11	86	54	32

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

State/CMS Location	Total Mandated	Comparatives			Resource and Support Surveys (RSS)		
		Min	Targeted Breakdown		Max	Targeted Breakdown	
			Complaint 60%	Recert 40%		Complaint or Revisit 60%	Recert 40%
Illinois	35	6	4	2	29	18	11
Indiana	26	6	4	2	20	12	8
Michigan	22	6	4	2	16	10	6
Minnesota	18	6	4	2	12	8	4
Ohio	46	10	6	4	36	22	14
Wisconsin	17	6	4	2	11	7	4
Chicago	164	40	26	14	124	77	47
Arkansas	12	2	1	1	10	6	4
Louisiana	14	2	1	1	12	8	4
New Mexico	5	2	1	1	3	2	1
Oklahoma	14	2	1	1	12	8	4
Texas	60	10	6	4	50	30	20
Dallas	105	18	10	8	87	54	33
Iowa	20	6	4	2	14	9	5
Kansas	15	2	1	1	13	8	5
Missouri	26	6	4	2	20	12	8
Nebraska	9	2	1	1	7	5	2
Kansas City	70	16	10	6	54	34	20
Colorado	10	2	1	1	8	5	3
Montana	5	2	1	1	3	2	1
North Dakota	5	2	1	1	3	2	1
South Dakota	5	2	1	1	3	2	1
Utah	5	2	1	1	3	2	1
Wyoming	5	2	1	1	3	2	1
Denver	35	12	6	6	23	15	8
Arizona	7	2	1	1	5	3	2
California	59	10	6	4	49	30	19
Hawaii	5	2	1	1	3	2	1
Nevada	5	2	1	1	3	2	1
San Francisco	76	16	9	7	60	37	23
Alaska	5	2	1	1	3	2	1
Idaho	5	2	1	1	3	2	1
Oregon	7	2	1	1	5	3	2
Washington	10	2	1	1	8	5	3
Seattle	27	8	4	4	19	12	7
National Total	747	180	106	74	567	356	211

FY24 Mandated and FY25 Estimated ~~Mandated~~ Number and Type of FMS for LTC EP/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%~~ **30%** must be Comparatives, ~~the remainder can be RSS~~ the remaining 70% can be RSS or Desk Audits. The number of RSS is limited to 30% of the surveys in each state. The number of Desk Audits is limited to 40% of the surveys in each state. The number of comparatives and RSS that can be completed on a State Agency (SA) Revisit is limited to 20% of the number of Comparatives and 20% of the number of RSS. A complete EP evaluation needs to be conducted during all revisit surveys regardless of any SA EP citations during the original recertification survey.

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)~~
5. **Targeted Breakdown** – ~~Target counts of both FCS and RSS for each state (roughly 50% of each).~~ Illustrates the 80/20 split for the types of SA Surveys (Recertification and Revisit) that CMS will target for Comparatives and RSS. These targets may be adjusted by the CMS Locations as long as the mandate is met and the total number of RSS does not exceed the maximum in each State. Within the targeted breakdowns CMS has the latitude to adjust the number of FMS based on the SA surveys available.
6. **Desk Audit** – the maximum number of Desk Audits that can be completed.

For example, State A has a total mandated count of 10. At least **three (30%)** ~~five (or 50%)~~ of those surveys must be Comparatives. **One of those Comparative Surveys may be conducted on a SA Revisit.** CMS may elect to conduct up to **5** RSS, with one of the RSS being completed on a SA Revisit. CMS may elect to conduct up to **4** Desk Audits. CMS may also elect to conduct all 10 (100%) of the surveys as Comparatives.

FY24 Mandated and FY25 Estimated *Mandated* Number and Type of FMS for LTC EP/LSC

State/CMS Location	Total Mandated	Comparatives			RSS			Desk Audit
		Min	Targeted Breakdown		Max	Targeted Breakdown		
			Revisit (20%)	Recert (80%)		Revisit (20%)	Recert (80%)	
Connecticut	8	3	1	2	2	0	2	3
Maine	5	2	0	2	1	0	1	2
Massachusetts	17	6	1	5	4	1	3	7
New Hampshire	5	2	0	2	1	0	1	2
Rhode Island	5	2	0	2	1	0	1	2
Vermont	5	2	0	2	1	0	1	2
Boston	45	17	2	15	10	1	9	18
New Jersey	15	5	1	4	4	1	3	6
New York	27	9	2	7	7	1	6	11
Puerto Rico	5	2	0	2	1	0	1	2
New York	47	16	3	13	12	2	10	19
Delaware	5	2	0	2	1	0	1	2
Maryland	6	2	0	2	2	0	2	2
Pennsylvania	34	11	2	9	9	2	7	14
Virginia	8	3	1	2	2	0	2	3
Washington DC	5	2	0	2	1	0	1	2
West Virginia	6	2	0	2	2	0	2	2
Philadelphia	64	22	3	19	17	2	15	25
Alabama	5	2	0	2	1	0	1	2
Florida	34	11	2	9	9	2	7	14
Georgia	16	5	1	4	5	1	4	6
Kentucky	8	3	1	2	2	0	2	3
Mississippi	10	3	1	2	3	1	2	4
North Carolina	20	6	1	5	6	1	5	8
South Carolina	10	3	1	2	3	1	2	4
Tennessee	11	4	1	3	3	1	2	4
Atlanta	114	37	8	29	32	7	25	45

FY24 Mandated and FY25 Estimated ~~Mandated~~ Number and Type of FMS for LTC EP/LSC, Continued

State/CMS Location	Total Mandated	Comparative			RSS			Desk Audit
		Min	Targeted Breakdown		Max	Targeted Breakdown		
			Revisit (20%)	Recert (80%)		Revisit (20%)	Recert (80%)	
Illinois	35	11	2	9	10	2	8	14
Indiana	26	8	2	6	8	2	6	10
Michigan	22	7	1	6	6	1	5	9
Minnesota	18	6	1	5	5	1	4	7
Ohio	46	14	3	11	14	3	11	18
Wisconsin	17	6	1	5	4	1	3	7
Chicago	164	52	10	42	47	10	37	65
Arkansas	12	4	1	3	3	1	2	5
Louisiana	14	5	1	4	3	1	2	6
New Mexico	5	2	0	2	1	0	1	2
Oklahoma	14	5	1	4	3	1	2	6
Texas	60	18	4	14	18	4	14	24
Dallas	105	34	7	27	28	7	21	43
Iowa	20	6	1	5	6	1	5	8
Kansas	15	5	1	4	4	1	3	6
Missouri	26	8	2	6	8	2	6	10
Nebraska	9	3	1	2	2	0	2	4
Kansas City	70	22	5	17	20	4	16	28
Colorado	10	3	1	2	3	1	2	4
Montana	5	2	0	2	1	0	1	2
North Dakota	5	2	0	2	1	0	1	2
South Dakota	5	2	0	2	1	0	1	2
Utah	5	2	0	2	1	0	1	2
Wyoming	5	2	0	2	1	0	1	2
Denver	35	13	1	12	8	1	7	14
Arizona	7	3	1	2	1	0	1	3
California	59	18	4	14	17	3	14	24
Hawaii	5	2	0	2	1	0	1	2
Nevada	5	2	0	2	1	0	1	2
San Francisco	76	25	5	20	20	3	17	31
Alaska	5	2	0	2	1	0	1	2
Idaho	5	2	0	2	1	0	1	2
Oregon	7	3	1	2	1	0	1	3
Washington	10	3	1	2	3	1	2	4
Seattle	27	10	2	8	6	1	5	11
National Total	747	248	46	202	200	38	162	299

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 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	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 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	F839	Staff Qualifications	F916	Resident Room Floor Above Grade
F759	*Free of Medication Error Rate sof 5% or More	F840	Use of Outside Resources	F917	Resident Room Bed/Furniture/Closet
F760	*Residents Are Free of Significant Med Errors	F841	Responsibilities of Medical Director	F918	Bedrooms Equipped/Near Lavatory/Toilet
F761	Label/Store Drugs & Biologicals	F842	Resident Records - Identifiable Information	F919	Resident Call System
483.50	Laboratory, Radiology, and Other Diagnostic Services	F843	Transfer Agreement	F920	Requirements for Dining and Activity Rooms
F770	Laboratory Services	F844	Disclosure of Ownership Requirements	F921	Safe/Functional/Sanitary/ Comfortable Environment
F771	Blood Blank and Transfusion Services	F845	Facility closure-Administrator	F922	Procedures to Ensure Water Availability
F772	Lab Services Not Provided On-Site	F846	Facility closure	F923	Ventilation
F773	Lab Svs Physician Order/Notify of Results	F847	Enter into Binding Arbitration Agreements	F924	Corridors Have Firmly Secured Handrails
F774	Assist with Transport Arrangements to Lab Svcs	F848	Select Arbitrator/Venue, Retention of Agreements	F925	Maintains Effective Pest Control Program
F775	Lab Reports in Record-Lab Name/Address	F849	Hospice Services	F926	Smoking Policies
F776	Radiology/Other Diagnostic Services	F850	*Qualifications of Social Worker >120 Beds	483.95	Training Requirements
F777	Radiology/Diag. Svcs Ordered/Notify Results	F851	Payroll Based Journal	F940	Training Requirements - General
F778	Assist with Transport Arrangements to Radiology	483.71	Facility Assessment	F941	Communication Training
F779	X-Ray/Diagnostic Report in Record-Sign/Dated	F838	Facility Assessment	F942	Resident's Rights Training
483.55	Dental Services	483.75	Quality Assurance and Performance Improvement	F943	Abuse, Neglect, and Exploitation Training
F790	Routine/Emergency Dental Services in SNFs	F865	QAPI Program/Plan, Disclosure/Good Faith Attempt	F944	QAPI Training
F791	Routine/Emergency Dental Services in NFs	F867	QAPI/QAA Improvement Activities	F945	Infection Control Training
483.60	Food and Nutrition Services	F868	QAA Committee	F946	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	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	F887	COVID-19 Immunization		
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		