



# Welcome! We will get started momentarily.

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# Nursing Home Quality Essentials Spotlight: Infection Prevention

**Long-Term Care (LTC) CMS Guidance: Enhancing Quality and Oversight –  
Revisions You Should Know**

Thursday, January 16, 2025

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WE'RE BACK!

# NURSING HOME QUALITY ESSENTIALS



## SPOTLIGHT: INFECTION PREVENTION

**Tuesdays & Thursdays | 11 a.m. MT / Noon CT**

As part of a contract extension from CMS, we're thrilled to relaunch Nursing Home Quality Essentials, focusing on infection prevention and control!

Join us twice a week for engaging 30-minute sessions tailored for long-term care providers. Each session will spotlight a new aspect of infection prevention, with actionable insights and strategies to integrate directly into daily practices.

Topics may include vaccines, healthcare-acquired infections, rehospitalizations, NHSN reporting, health literacy and more — each aimed at enhancing your infection prevention efforts.

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or go to

[www.telligenqconnect.com/calendar](http://www.telligenqconnect.com/calendar)

# Objectives

- Recognize the urgency in Revised Long-Term Care (LTC) Surveyor Guidance memo effective February 24, 2025
- Identify training options
- Use the critical element (CE) pathway as a preparation tool for compliance



Effective Date: Surveyors will begin using this guidance to determine compliance with requirements on surveys beginning **Monday, February 24, 2025**

- 
- This allows ample time for surveyors and nursing home providers to be trained on this new information.

QSO-25-07-NH was released on Monday, November 18, 2024

## Polling Question: Pulse Check Before We Begin

Have you read [CMS Memo QSO-25-07-NH](#) (Subject: Revised Long-Term Care (LTC) Surveyor Guidance: Significant revisions to enhance quality and oversight of the LTC survey process)?

- A. Yes
- B. No



# > Revised Surveyor Guidance

Interpretive guidelines (IGs) for areas that have been revised and the rationale for significant revisions



# Survey Protocols and Interpretive Guidelines

- Clarify and/or explain the intent of the regulations
  - Advanced Copy of State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities
  - Updated Critical Elements (CEs)
- Critical Element (CE) Pathway along with interpretive guidelines help
  - Determine if the facility meets the requirements
  - Guide investigation into concerns

**\*\*This document is 902 pages\*\***

<https://www.cms.gov/files/document/revised-long-term-care-ltc-surveyor-guidance-significant-revisions-enhance-quality-and-oversight-ltc.pdf>

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



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

Ref: QSO-25-07-NH

**DATE:** November 18, 2024

**TO:** State Survey Agency Directors

**FROM:** Director, Quality, Safety & Oversight Group (QSOG)

**SUBJECT:** Revised Long-Term Care (LTC) Surveyor Guidance: Significant revisions to enhance quality and oversight of the LTC survey process

### Memorandum Summary

**Revised Surveyor Guidance:** CMS is releasing the following revised guidance for nursing home surveyors:

- Admission, Transfer & Discharge, Chemical Restraints/Unnecessary Psychotropic Medication, Resident Assessment, Quality of Life and Quality of Care, Administration, Quality Assurance Performance Improvement (QAPI), Infection Prevention and Control, and other areas.
- Clarifications and technical corrections have also been made throughout Appendix PP.

### **Associated Training and Resources:**

- Training on this guidance will be available upon release of this memorandum for surveyors and providers.
- Advance copy of the Critical Element Pathways are attached to this memo.
- Advanced copy of Appendix PP is attached to this memo.
- Revised Survey Resources will be posted on February 24, 2025.

**Effective Date:** Surveyors will begin using this guidance to determine compliance with requirements on surveys beginning February 24, 2025. This allows ample time for surveyors and nursing home providers to be trained on this new information.

### Background:

CMS is committed to continuously enhancing the effectiveness and efficiency of our oversight and compliance programs for nursing homes. By doing so, we ensure that our primary responsibility, protecting the health and safety of residents, remains at the forefront of our efforts. Through a data-driven approach, we identify areas for improvement and implement solutions that strengthen the quality of care provided across facilities.

Health and safety updates are regularly made to address emerging trends in deficiency citations nationwide. This ensures that our guidance remains aligned with current standards of practice

# IG Guidance: Areas That Have Been Revised

- Admission, Transfer and Discharge
- Chemical Restraints/Unnecessary Psychotropic Medication
- Professional Standards and Medical Director
- Accuracy/Coordination/Certification
- Comprehensive Assessment after Significant Change
- QAPI/QAA Improvement Activities
- Cardio-Pulmonary Resuscitation (CPR)
- Pain Management
- Physical Environment
- Infection Prevention & Control
- COVID-19 Immunization

# Updated Critical Element (CE) Pathways

- Quality Assurance & Performance Improvement (QAPI) and Quality Assessment & Assurance (QAA) Review
- Pain Recognition and Management Critical Element Pathway
- Respiratory Care Critical Element Pathway
- Unnecessary Medications, Chemical Restraints/Psychotropic Medications, and Medication Regimen Review Critical Element Pathway
- Hospitalization Critical Element Pathway
- Accidents Critical Element Pathway
- Resident Assessment Critical Element Pathway
- Discharge Critical Element Pathway

# CMS: Other Revisions & Survey Process Software

- Making technical corrections to many citations to remove erroneous references and correct typographical errors
- CMS is incorporating the revised guidance into the Long-Term Care Survey Process (LTCSP) software application
- Surveyors will use the new version of the software for surveys beginning on Monday, February 24, 2025
- Updating other survey documents
  - Critical Element (CE) Pathways used to investigate potential care areas of concern
  - Associated survey documents will be found in the “Survey Resources” link in the Downloads Section of the [CMS Nursing Homes](https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes) website by Monday, February 24, 2025



## > Training Resources

# Quality, Safety and Education Portal (QSEP) & QIES Technical Support Office (QTSO)

- Immediately following the release of this memorandum, CMS posted on QSEP
  - Training for nursing home surveyors and providers
  - Explaining the revisions made to the guidance
- States will receive a QIES Technical Support Office (QTSO) <https://qtso.cms.gov> memo with information on:
  - Updating survey software
  - Accessing software training prior to the effective date



## > Critical Element (CE) Pathway

## Polling Question

Are the critical element pathways used to prepare for annual surveys and to periodically assess these practices at your facility?

- A. Yes
- B. No
- C. Unsure



# What are Critical Element (CE) Pathways?

- Standardized evaluation tool to:
  - Assess compliance with federal regulations
  - Ensure the delivery of high-quality care
- Structured framework for evaluating specific areas or “critical elements” of care that are essential for resident well-being
- Tool for nursing homes to prepare and confirm compliance

# Critical Element Pathways are Training and Preparation Resources

- Use the Critical Element Pathways to train staff
  - Confirm data relevant for certain practices and procedures is accurate and current
  - Review documentation to confirm it is completed and demonstrates compliance
  - Prepare staff for interview by surveyors
- Audit compliance
  - Assure certain policies are current
  - Procedures are practiced by staff as trained
- Confirm Quality Assessment and Assurance(QAA) Committee oversight

# Infection Prevention, Control & Immunizations and other Critical Element Pathways

- Remain available in downloads section on [CMS Nursing Homes](https://www.cms.gov/nursing-homes) website
- Survey Resources (ZIP) <https://www.cms.gov/files/zip/survey-resources.zip>

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

## Infection Prevention, Control & Immunizations

This facility task must be used to investigate compliance at F880, F881, F882, F883, and F887. For the purpose of this task, “staff” includes facility staff (direct and indirect care functions), contracted staff, consultants, volunteers, others who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions. The infection prevention and control program (IPCP) must be facility-wide and include all departments and contracted services. If a specific care area concern is identified, it should be evaluated under the specific care area, such as for pressure ulcers, respiratory care, catheter care, and medication pass observations.

### **Focused Infection Control (FIC) Survey (not associated with a recertification):**

- Surveyors must evaluate the facility’s compliance at all critical elements (CE) in this pathway with the exceptions of CE#4 (Water Management), CE#5 (Laundry Services), and CE#6 (Antibiotic Stewardship Program).



## > Demo: Infection Prevention, Control & Immunizations Critical Element Pathway

Let's Practice



# > How to Get This Done

Assess Your Current Practices and Use Critical Element (CE) Pathways

# Action Steps: Baseline Assess Practices to Confirm Compliance

- Is [483.20 Resident assessment](#) a comprehensive assessment of each resident's needs, strengths, goals, life history and preferences completed timely?
  - Is the resident assessment instrument (RAI) appropriately used?
  - Do staff follow [483.21 Comprehensive person-centered care planning](#)?
- Are the practices in [483.75 Quality assurance and performance improvement](#) being performed?
  - QAA Governance and Leadership
  - Quality Assessment and Assurance (QAA) Committee
  - Teamwork and Communication
    - Within departments
    - Facility wide
- Are [483.80 Infection Control](#) practices performed as trained and documented?
- Are [483.71 Facility assessment](#) competencies and [483.95 Training requirements](#) completed and documented?



> Questions?



# Thank You for Attending Today's Session!

Your feedback is valuable!

Please stay on to complete a brief 5-question assessment.

Your anonymous feedback helps us improve future sessions.

An open-ended question is included for additional comments.

**Thank you again for your participation!**



# NURSING HOME QUALITY ESSENTIALS

SPOTLIGHT: INFECTION PREVENTION



**Tuesdays & Thursdays | 11 a.m. MT / Noon CT**

**Don't miss out on these upcoming offerings:**

**Tuesday, January 21, 2025**

Holistic Approaches to COVID-19 Infection Prevention: A Focus on Dementia Care

**Thursday, January 23, 2025**

A Nursing Home Corporation's Approach to Vaccine Implementation: Strengthening Care Through Protection

**Tuesday, January 28, 2025**

The Link Between Infection Prevention and Social Drivers of Health in Resident Care

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or go to

[www.telligenqconnect.com/calendar](http://www.telligenqconnect.com/calendar)

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## > Resources



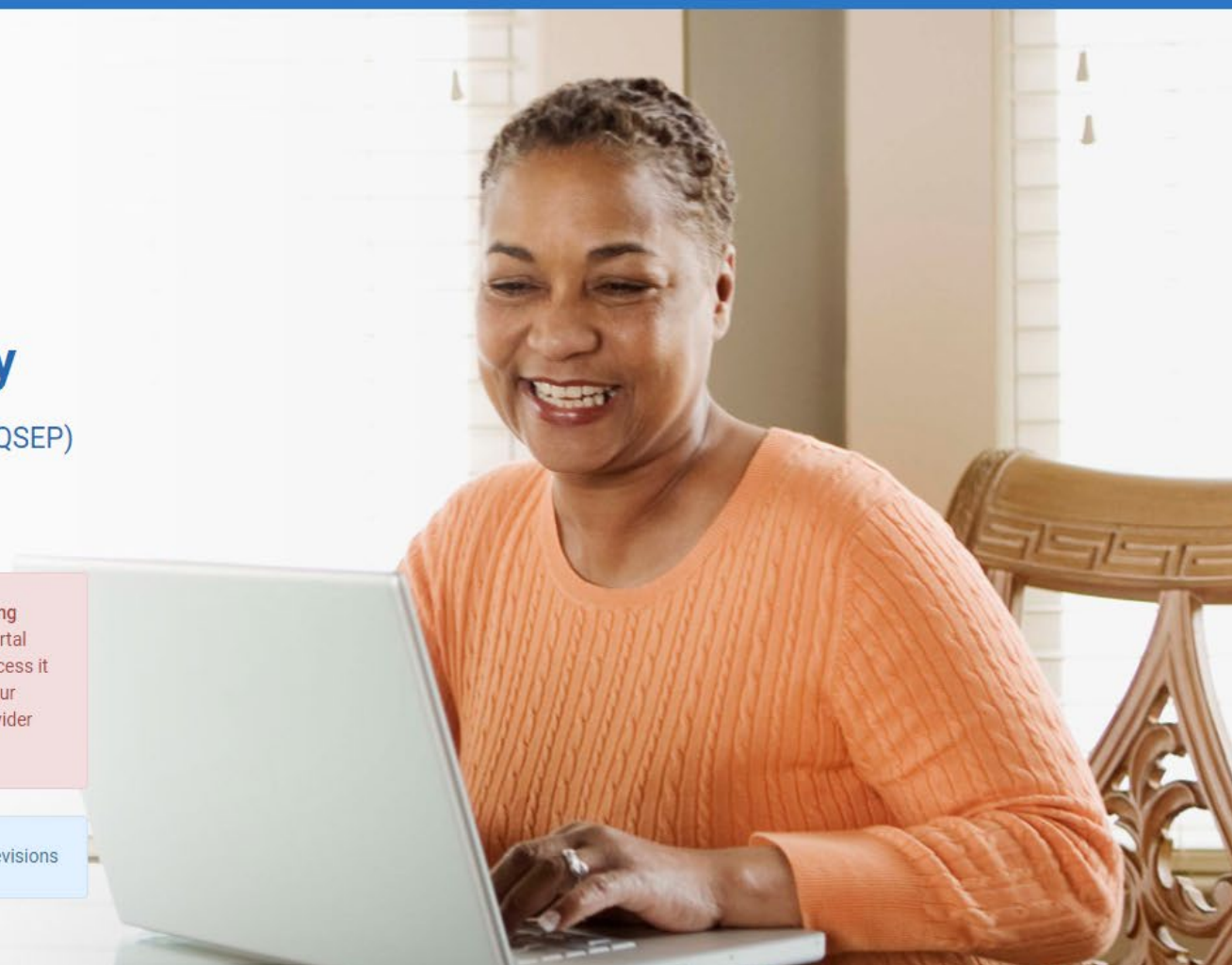
## Driving Healthcare Quality

Welcome to the Quality, Safety & Education Portal (QSEP)

[Login](#)[Sign Up](#)

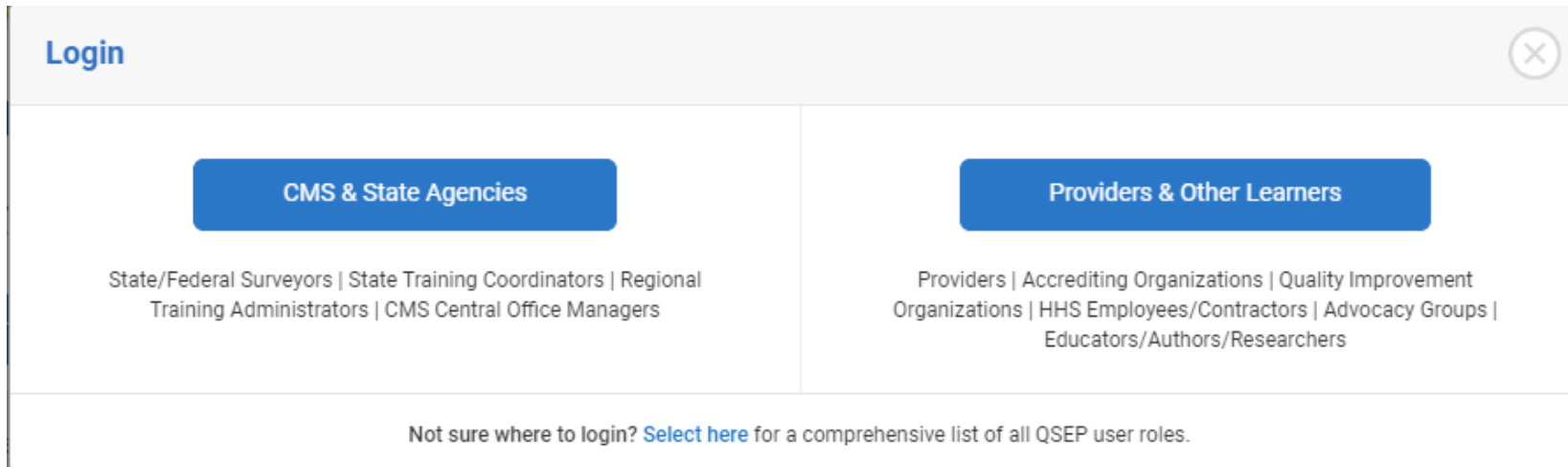
**ANNOUNCEMENT:** A new informational video, **Survey and Enforcement: Ensuring Health & Safety for All** is now available on CMS's Quality, Safety & Education Portal (QSEP). For CMS, State Agency, and contracted survey staff, please log in to access it from any Training Plan under the Post-Basics (recommended) section where your completion will be tracked. All other learners can access it from the Public/Provider Catalogs.

[Select here](#) for information regarding the Long Term Care (LTC) Training Plan revisions



# Which Do I Select?

- Providers & Other Learners
  - Each person needs to create an account
  - Use their individual email
- Certificate of completion for most trainings



The screenshot shows a 'Login' window with two columns of options. The left column is titled 'CMS & State Agencies' and lists 'State/Federal Surveyors | State Training Coordinators | Regional Training Administrators | CMS Central Office Managers'. The right column is titled 'Providers & Other Learners' and lists 'Providers | Accrediting Organizations | Quality Improvement Organizations | HHS Employees/Contractors | Advocacy Groups | Educators/Authors/Researchers'. At the bottom, there is a link: 'Not sure where to login? [Select here](#) for a comprehensive list of all QSEP user roles.'

# Resources to Improve Quality of Care

- Quality in Focus interactive video series
  - 10–15 minute videos
  - Tailored to provider types
- Aimed to reduce deficiencies commonly cited during the CMS survey process such as:
  - Infection control and prevention
  - Accident prevention
- Reducing common deficiencies increases the quality of care

# Available QSEP Trainings

Q					
QSOG Navigation Simulation	30 mins.			⊘	Launch
Quality in Focus Resources for Addressing Ambulatory Surgical Center Infection Control Citations	10 min.			⊘	Launch
Quality in Focus Resources for Addressing CMHC Local, State, Tribal Collaboration Process Citations	10 min.			⊘	Launch
Quality in Focus Resources for Addressing CORF Local, State, Tribal Collaboration Process Citations	10 min.			⊘	Launch
Quality in Focus Resources for Addressing ESRD Cleaning and Disinfecting Citations	10 min.			⊘	Launch
Quality in Focus Resources for Addressing HHA Incomplete Individualized Plan of Care Citations	10 min.			⊘	Launch
Quality in Focus Resources for Addressing Hospice Plan of Care Citations	10 min.			⊘	Launch
Quality in Focus Resources for Addressing Hospital Care in a Safe Setting Citations	10 min.			⊘	Launch
Quality in Focus Resources for Addressing ICF/IID Program Implementation Citations	10 min.			⊘	Launch
Quality in Focus Resources for Addressing LTC Free of Accident Citations	10 min.			🕒	Resume
Quality in Focus Resources for Addressing LTC Medication Error Citations	10 min.			⊘	Launch
Quality in Focus Resources for Addressing LTC Treatment and Prevention of Pressure Ulcer Citations	10 min.			⊘	Launch
Quality in Focus Resources for Addressing OPT Equipment, Buildings, and Grounds Maintenance Citations	10 min.			⊘	Launch
Quality in Focus Resources for Addressing Portable X-ray Personnel Monitoring Citations	10 min.			⊘	Launch
Quality in Focus Resources for Addressing PRTF Post Intervention Debriefing Citations	10 min.			⊘	Launch
Quality in Focus Resources for Addressing RHC Preventative Maintenance Program Citations	10 min.			⊘	Launch
R					





# We are QTSO

## *I'm a* **Provider**

- > Home Health Agency (HHA) Providers
- > Hospice Providers
- > Inpatient Rehabilitation Facility (IRF-PAI) Providers
- > Long Term Care Hospital (LTCH) Providers
- > Nursing Home (MDS)/Swing Bed Providers

## *I'm a* **Vendor**

- > Hospice Vendors
- > Inpatient Rehabilitation Facility (IRF-PAI) Vendors
- > Long Term Care Hospital (LTCH) Vendors
- > Minimum Data Set (MDS) Vendors
- > Outcome and Assessment Information Set (OASIS) Vendors
- > Payroll Based Journal (PBJ) Vendors
- > Swing Bed Vendors

## *I'm an* **Employee**

- > CMS (Regional/Central)
- > State Agency

# QIES Technical Support Office (QTSO)

I am a...

Software

Reference & Manuals

Training

Access Forms

CMSNet - Submission Access



## News & Updates

*Dec 03, 2024*

### **December 2024 HCQIS Atlassian and QIES Maintenance Schedules**

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*Nov 26, 2024*

### **Notice: 5 Star Preview Reports - November 2024**

The Five Star Preview Reports will be available on or around November 27, 2024. Provider Preview...

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*Oct 31, 2024*

### **November 2024 HCQIS Atlassian and QIES Maintenance Schedules**

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*Oct 22, 2024*

### **Notice: 5 Star Preview Reports - October 2024**

The Five Star Preview Reports will be available on or around October 23, 2024. Provider Preview...

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*Sep 30, 2024*

### **October 2024 HCQIS Atlassian and QIES Maintenance Schedules**

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# Tools to Support Strong Teamwork

- QAA/QAPI Meeting Agenda <https://www.telligenqiconnect.com/resource/qaa-qapi-meeting-agenda>
- Facilitators Guide for the Root Cause Analysis (RCA) Method <https://www.telligenqiconnect.com/resource/facilitators-guide-for-the-root-cause-analysis-rca-method/>
- Worksheet to Create a Performance Improvement Project Charter <https://www.telligenqiconnect.com/resource/worksheet-to-create-a-performance-improvement-project-charter>
- Team Charter <https://www.telligenqiconnect.com/resource/team-charter>
- Quality Improvement Process Steps and Tools <https://www.telligenqiconnect.com/resource/quality-improvement-process-steps-and-tools>

# Resources for QAPI Practices

- QAPI (Quality Assurance Performance Improvement) Self-Assessment Tool  
<https://www.telligenqiconnect.com/wp-content/uploads/2022/02/Telligen-QAPI-Self-Assessment-Tool-1.pdf>
- QAPI 5 Elements <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/qapifiveelements.pdf>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIAtaGlance.pdf>
- [483.71 Facility assessment](#)
- [483.95 Training requirements](#)

# Resources for Infection Control

- CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, <https://www.cdc.gov/infection-control/hcp/core-practices>
- Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings <https://www.cdc.gov/healthcare-associated-infections/php/toolkit/icar.html>
- Nursing Home COVID-19 Infection Prevention Rounding Tool, <https://www.telligenqiconnect.com/resource/covid-19-infection-prevention-and-control-rounding-tool>