Survey and Certification Deep Dive

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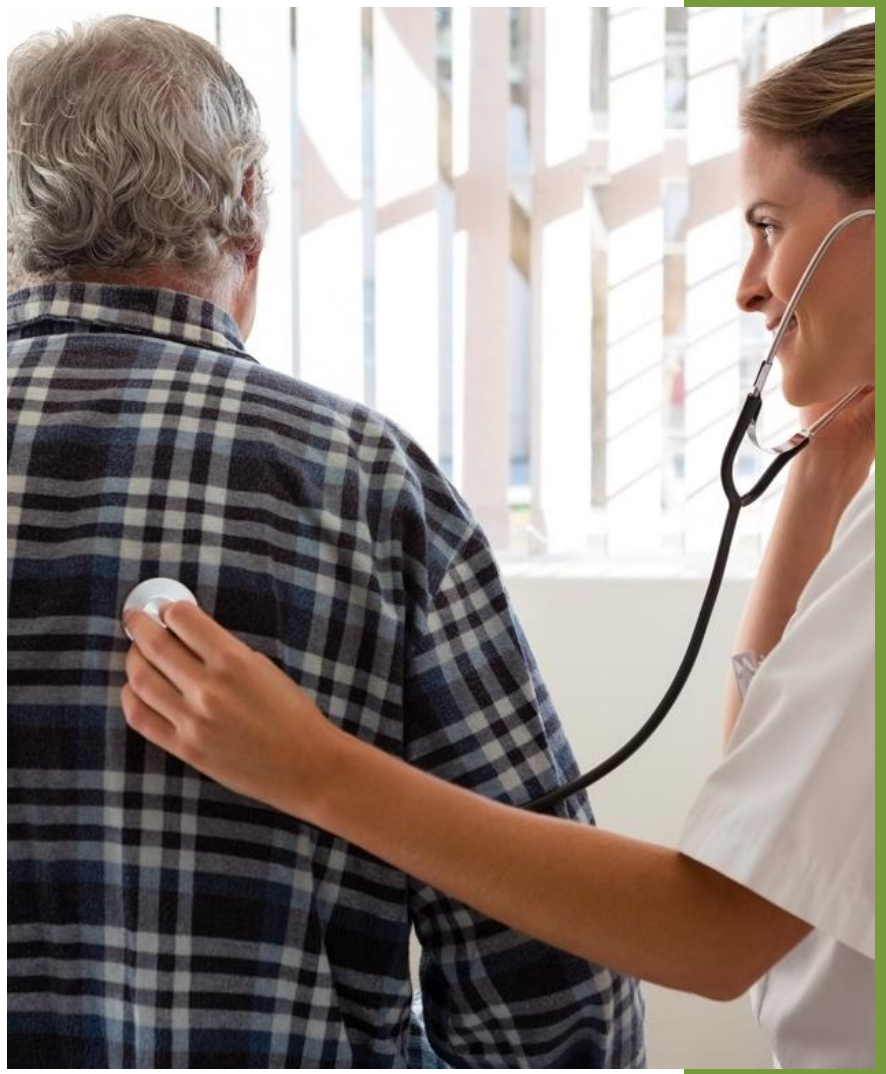
May 2026



LeadingAge®

Topics

Top Citations

Citation Trends

State Performance Standards System Composite Measure

Psychosocial Outcomes Severity Guide

FY 2026 To Date – Top Citations

National

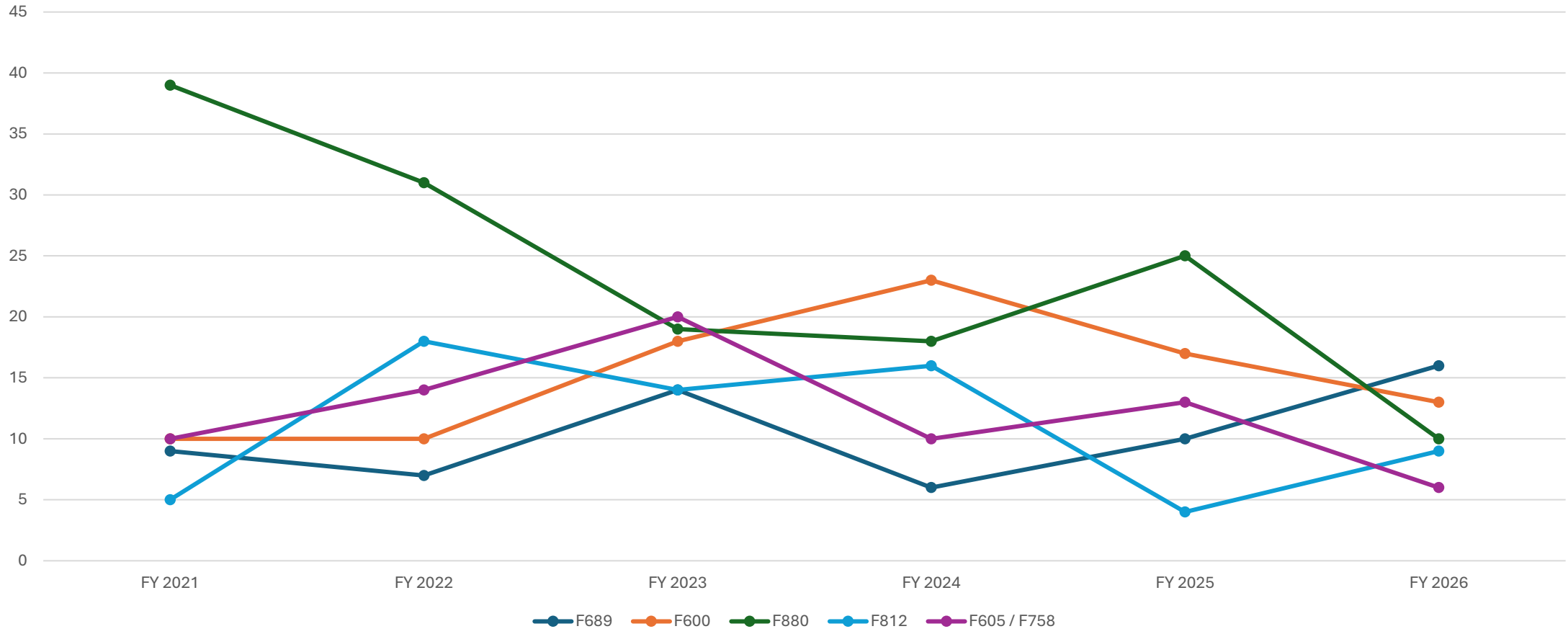
- F880 Infection Control
- F689 Free of Accident Hazards
- F812 Food Procurement
- F684 Quality of Care
- F761 Label/Store Drugs/Biologicals

Wyoming

- F689 Free of Accident Hazards
- F600 Free from Abuse and Neglect
- F880 Infection Control
- F812 Food Procurement
- F605 Chemical Restraints

Source: iQIES (05/05/2026)

FY 26 Top Citations Over 5 Years - Wyoming



Source: iQIES (05/05/2026)

F689

Falls, elopement, hot liquids

Mechanical lifts: falls during transfer, not following manufacturer instructions

Failures to follow care plan, reassess risks, or address early indicators

*Just over half cited at scope / severity D – the rest cited at G and K

F600

Mostly resident-to-resident abuse (physical and verbal aggression)

Repeated incidents without intervention

- Known physically aggressive behaviors
- Verbal aggression escalating to physical aggression

Failure to keep residents separated

F600

All residents: cognitive impairment, behavioral symptoms, psychiatric diagnoses

Psychosocial harm noted in more than half: fear, emotional distress, loss of sense of safety

*Cited mostly at scope / severity G

F880

Linen transport

Hand hygiene / glove changes

Enhanced Barrier Precautions

*Cited at Level 2 – mostly scope / severity D

F812

Sanitary conditions

Food contamination

Missing documentation (logs)

*Cited at Level 2

F605

Failure to document adequate clinical indications for use / rationale

- Missing or inappropriate diagnoses
- Missing documentation on target symptoms

Failure to monitor / follow up on recommendations

*Cited at Level 2 – mostly scope / severity D

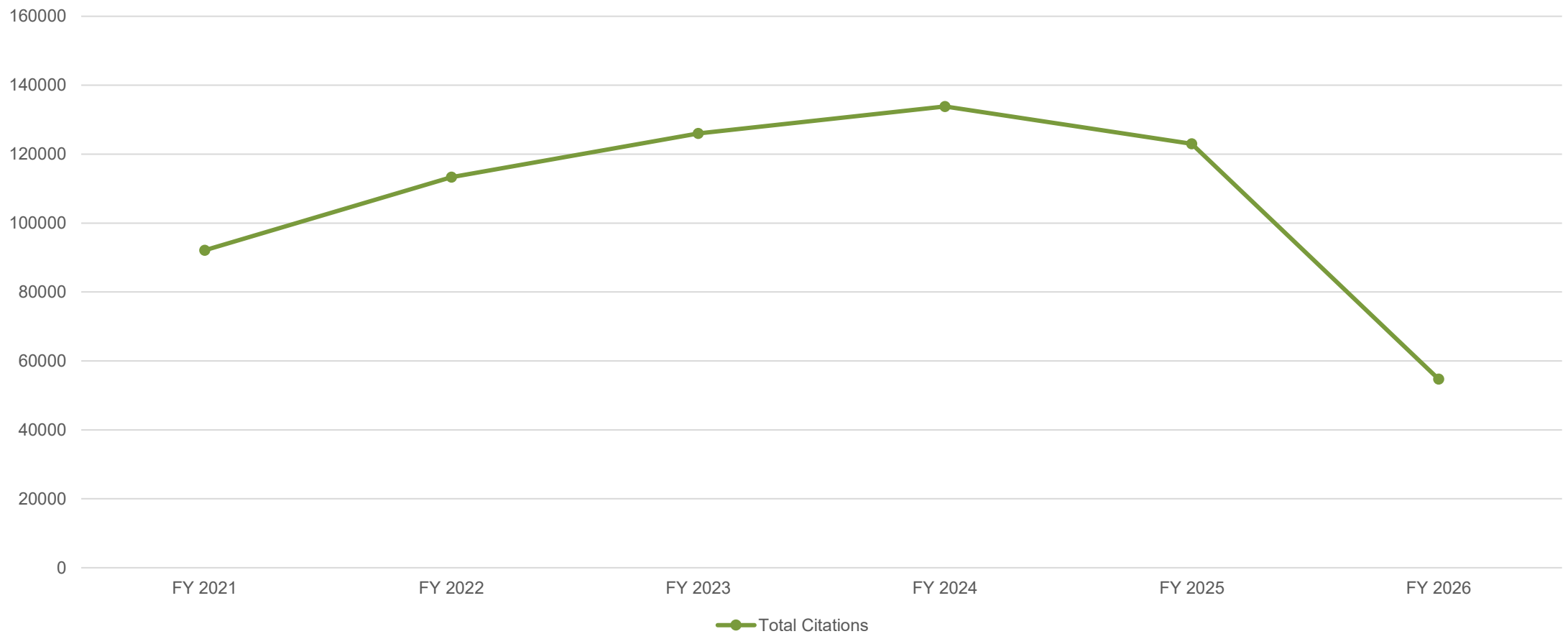
Other Trending Tags

F627 Discharge Process #6

F628 Inappropriate Discharges #14

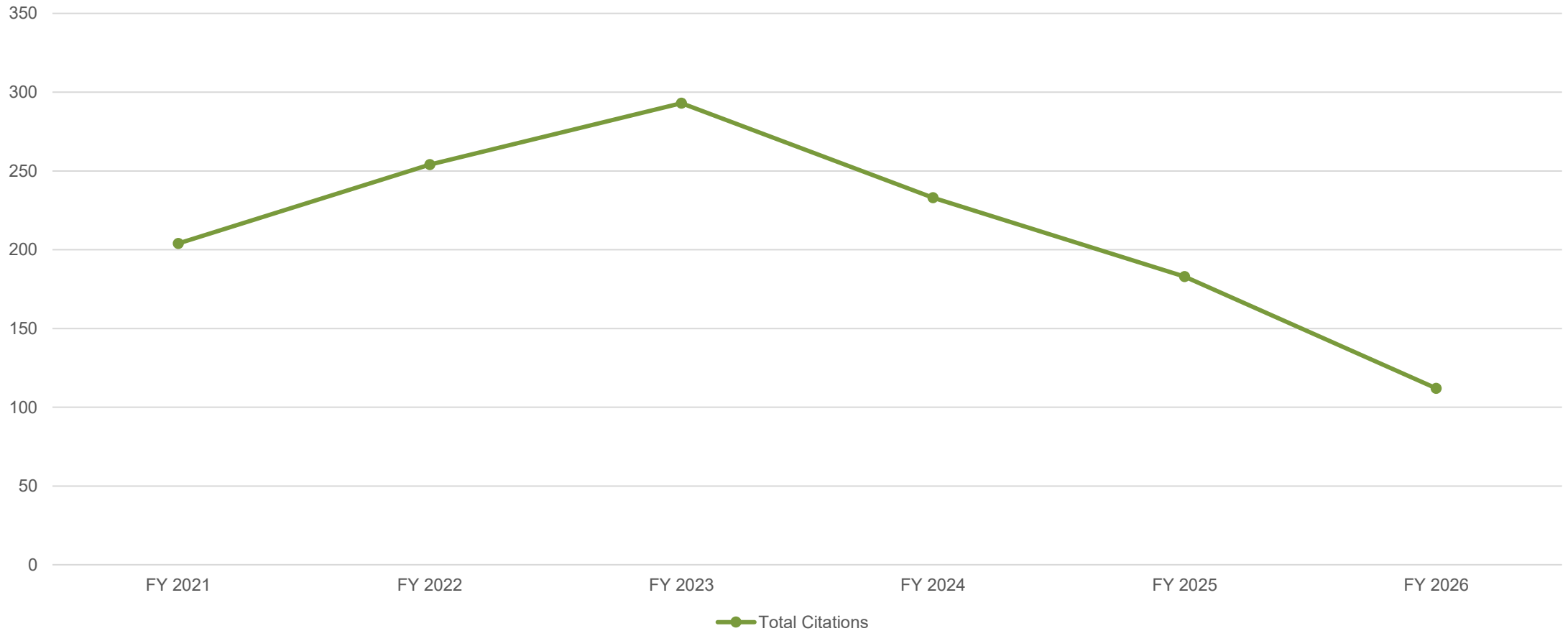
F678 Cardiopulmonary Resuscitation

Total Citations Over 5 Years - National



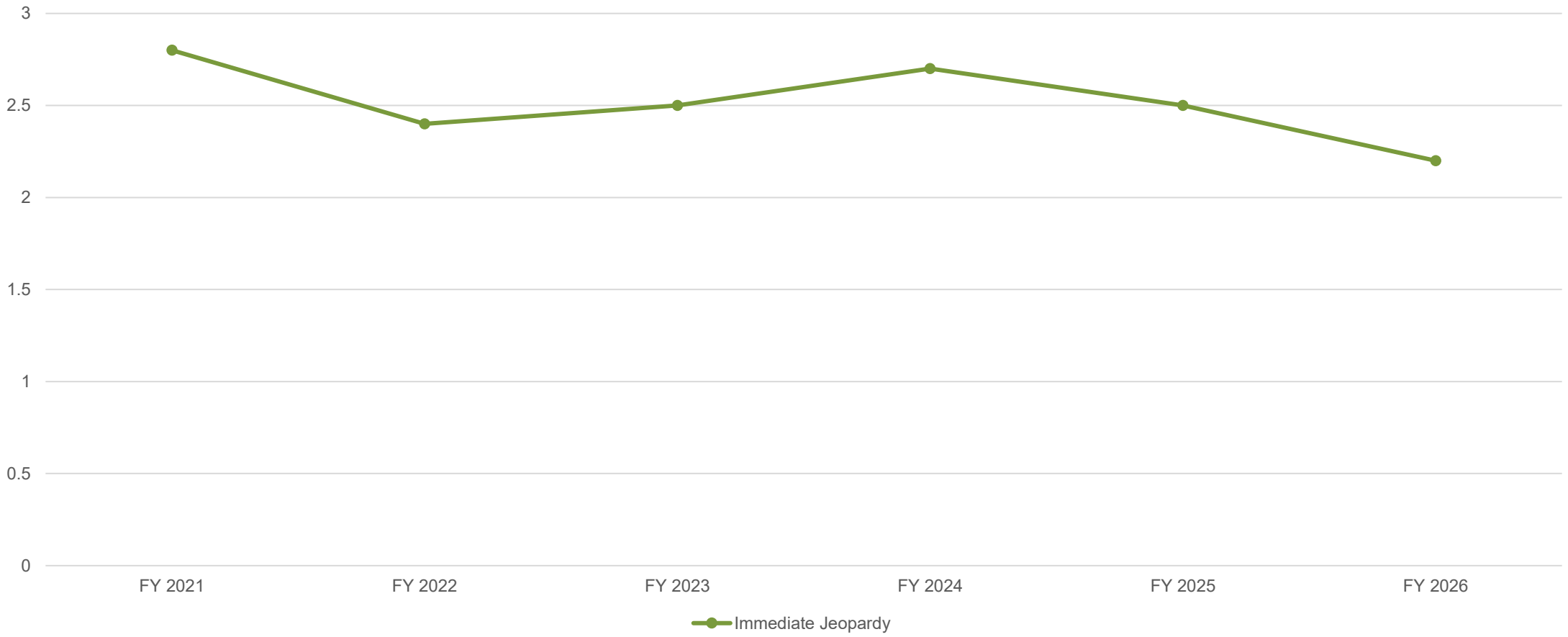
Source: iQIES (05/05/2026)

Total Citations Over 5 Years - Wyoming



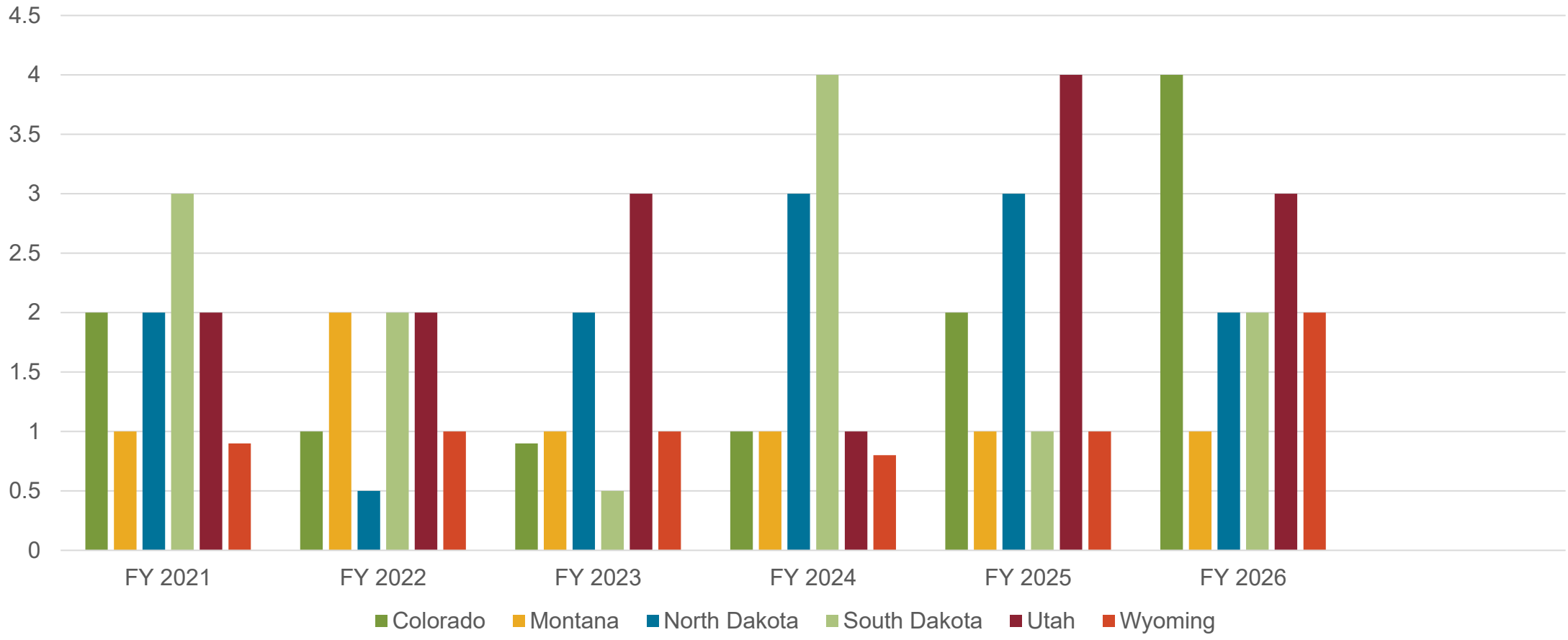
Source: iQIES (05/05/2026)

Immediate Jeopardy - National



Source: iQIES (05/05/2026)

Immediate Jeopardy – Region VIII



Source: iQIES (05/05/2026)

Reasons for Increases

CMS' Take:

More noncompliance and immediate jeopardy situations

Improved accuracy in surveying

Skeptics' Take:

Implicit messaging

Psychosocial outcomes

Implicit Messaging

FY 2025 SPSS: Nursing Home Recertification Survey Composite Measure

- Number of deficiencies per 1,000 beds
- Percentage of deficiency-free surveys
- Percentage of surveys identifying G, H, or I scope and severity
- Percentage of surveys identifying J, K, or L scope and severity
- Percentage of surveys where 1 or more mandatory tasks not investigated
- Percentage of surveys where 1 or more triggered tasks not investigated

Implicit Messaging – SPSS Measure

“not an attempt to establish deficiency or investigation quotas”

“explore with CMS potential underlying reasons for a lower composite score”

“a lower than expected score”

Scored on percentiles

Thresholds determined based on distribution of each measure across all states / territories in previous fiscal year

Scoring Rubric

FY 25 Percentile Thresholds and Scoring for Measures Where Higher Values Receive Lower Scores

Measure	Full Credit	Upper Bound	Partial Upper Bound	Lower Bound	Partial Lower Bound
% of Deficiency-Free Surveys	Below 80th [9.4%]	At or above 90th [12.6%]	Between 80th and 90th [9.4% - 12.6%]	Not Applicable	Not Applicable
% of Surveys Where 1+ Mandatory Tasks Not Investigated	Below 90th [3%]	At or above 95th [4%]	Between 90th and 95th [3% - 4%]	Not Applicable	Not Applicable
% of Surveys Where 1+ Triggered Tasks Not Investigated	Below 90th [8.3%]	At or above 95th [10.9%]	Between 90th and 95th [8.3% - 10.9%]	Not Applicable	Not Applicable
Points Earned	**25**	**0**	**12.5**	**Not Applicable**	**Not Applicable**

Scoring Rubric

FY 25 Percentile Thresholds and Scoring for Measures Where Lower Values Receive Lower Scores

Measure	Full Credit	Lower Bound	Partial Lower Bound	Upper Bound	Partial Upper Bound
Number of Deficiencies per 1,000 Beds	Between 20th and 90th [54.3 – 101.2]	At or below 10th [47.2]	Between 10th and 20th [2.3% - 4.3%]	At or above 95th [167.5]	Between 90th and 95th [139.8 – 167.5]
% of Surveys Identifying G, H, or I Scope and Severity	Between 20th and 90th [4.3% - 24.4%]	At or below 10th [2.3%]	Between 10th and 20th [2.3% - 4.3%]	At or above 95th [28.2%]	Between 90th and 95th [24.4% - 28.2%]
% of Surveys Identifying J, K, or L Scope and Severity	Between 20th and 90th [2.8% - 10.9%]	At or below 10th [2.0%]	Between 10th and 20th [2.0% - 2.8%]	At or above 95th [19.3%]	Between 90th and 95th [10.9% - 19.3%]
Points Earned	**25**	**0**	**12.5**	**20**	**22.5**

Example

Based on available data:

- Number of deficiencies per 1,000 beds
  - 93.8 [25 points]
- Percentage of surveys identifying G, H, or I scope and severity
  - 10.3% [25 points]
- Percentage of surveys identifying J, K, or L scope and severity
  - 1% [0 points]

Example

Data Not Available:

- Percentage of deficiency-free surveys
- Percentage of surveys where 1 or more mandatory tasks not investigated
- Percentage of surveys where 1 or more triggered tasks not investigated

Would need “Full Credit” on all three to avoid “Research Required”

Psychosocial Outcome Severity Guide

First issued in 2006

- Guidance to surveyors

Updated in 2016 (Requirements of Participation / mega rule)

- Quality, Safety, & Oversight memo

Updated in 2022 (Final guidance to Requirements of Participation)

- Incorporated into Appendix PP

The purpose of the Psychosocial Outcome Severity Guide is to help surveyors determine the severity of psychosocial outcomes resulting from identified noncompliance at a specific Ftag, including how to determine the severity of the outcome when the impact on the resident may not be apparent or documented.

. . .the survey team must determine that the negative psychosocial outcome is a result of the noncompliance and not a pre-existing condition for the resident.

Assessing Psychosocial Severity

Observation, interview, record review

- Assess verbal and nonverbal responses
- Interview others familiar with resident's routine / lifestyle

Compare behavior before and after event and with any history of similar events

- Routine
- Activity
- Responses to staff and everyday situations

Assessing Psychosocial Severity

Factors impacting the resident's perspective:

- The resident may consider the facility to be his/her "home," where there is an expectation that he/she is safe, has privacy, and will be treated with respect and dignity.
- The resident trusts and relies on facility staff to meet his/her needs.
- The resident may be frail and vulnerable.

Reasonable Person Concept

Tool to assist survey team's assessment of severity level of negative psychosocial outcomes

Surmise the response of a reasonable person in the same position

Common in law but application of common law defenses "would be inappropriate"

Applying “Reasonable Person” Concept

Psychosocial outcome is not readily determined through investigation:

- Resident’s death
- Cognitive impairment
- Physical impairment
- Insufficient documentation

Resident’s reaction is markedly incongruent with level of reaction of a “reasonable person” in the same circumstance

- Trauma, mental illness, substance use

Applying “Reasonable Person” Concept

Example: Resident in persistent vegetative state is fondled by another resident

- No physical harm
- No signs of distress

Reasonable person:

- Fear, anxiety, guilt, feelings of worthlessness
- Agitation, loss of appetite, sleep disturbance, withdrawal

Examples of Psychosocial Outcomes

Level 4 – Immediate Jeopardy

- Suicidal ideation / attempts, self-injurious behavior
- Anger, agitation, distress leading to aggression toward self or others
- Crying, moaning, screaming, combativeness (above baseline)
- Fear, anxiety, feelings of hopelessness, worthlessness, guilt
- Expressions of dehumanization or humiliation
- Withdrawal / isolation
- Expressions of severe, non-transient, avoidable pain

Examples of Psychosocial Outcomes

Level 3 – Actual harm

- Decline from social patterns, decreased engagement, loss of interest in activities
- Tearfulness, sadness, apathy
- Psychomotor changes: hand-wringing, pacing, pulling / rubbing skin or clothing; slowed speech, thinking, or body movements
- Difficulty thinking or concentrating
- Sad-toned verbal expressions: calling for help, groaning, sighing
- Distress / agitation: restlessness or verbalizations of restlessness

Examples of Psychosocial Outcomes

Level 2 – Potential for more than minimal harm

- Sadness, disappointment
- Irritability
- Complaints of boredom, “nothing to do”

Examples of Psychosocial Outcomes

Level 1 – Potential for minimal harm

- Not an option

Elevating Severity

Assign “highest level of harm or potential for harm”

Example: slapped by staff member

- Minor physical harm
- Fearful, agitated during care (even with others), withdrawn

Example: verbal assault by another resident

- No physical harm
- Tearful, avoids activities, loss of appetite when resident enters dining room

Problematic Deficiencies

F557 Respect, Dignity/Right to Have Personal Property

F558 Reasonable Accommodation of Needs/Preferences

F600 Free from Abuse and Neglect

F602 Free from Misappropriation/Exploitation

F603 Free from Involuntary Seclusion

F604 Right to be Free from Physical Restraints

F605 Right to be Free from Chemical Restraints

F607 Develop/Implement Abuse/Neglect, etc. Policies

Problematic Deficiencies

F609 Reporting of Alleged Violations

F610 Investigate/Prevent/Correct Alleged Violation

F656 Develop/Implement Comprehensive Care Plan

F657 Care Plan Timing and Revision

F675 Quality of Life

F679 Activities Meet Interest/Needs of Each Resident

F699 Trauma Informed Care

Problematic Deficiencies

F740 Behavioral Health Services

F741 Sufficient/Competent Staff – Behavioral Health Needs

F742 Treatment/Services for Mental/Psychosocial Concerns

F743 No Pattern of Behavioral Difficulties Unless Unavoidable

F745 Provision of Medically Related Social Services

F757 Drug Regimen is Free from Unnecessary Drugs

Problematic: Resident Rights

More likely psychosocial harm than physical harm

Issues:

- Treating residents with dignity and respect
- Limiting autonomy or freedom of choice

Examples:

- Resident is treated unequally on basis of diagnosis, severity of condition, or payment source
- Impeding religious expression, voting, freedom to move about

Problematic: Abuse

Both physical and psychosocial harm:

- Physical abuse, sexual abuse, misappropriation (drug diversion), involuntary seclusion, physical restraints, chemical restraints, employ/engage staff with adverse actions, investigate/prevent/correct

Not physical but psychosocial harm:

- Develop/implement policies
- Reporting of violations

Problematic: Abuse

Appendix PP: " . . .likely to cause serious psychosocial harm (i.e. immediate jeopardy)."

- Sexual assault, unwanted sexual touching, sexual harassment
- Any type of staff-to-resident abuse
- Staff posting / sharing demeaning / humiliating photos or videos of residents
- Staff punishing residents by taking away / threatening to take away rights, privileges, activities, or withholding care
- Any resident-to-resident physical abuse

Problematic: Transfer / Discharge

Appendix PP: “ Violations of requirements at F627 Inappropriate Discharges would generally be cited at the severity level of Harm (Level 3) or Immediate Jeopardy (Level 4) when using the reasonable person approach in considering psychosocial outcomes as well as the likelihood for serious physical harm resulting from an unsafe discharge.”

What to Do

Observe and document

- Document compliance and document psychosocial factors
- Compare mood and behavior before / after event

Care plan (with the resident / resident representative)

- Address what you are observing
- Communicate with resident / resident representative
- Seek psychosocial support, assume it gets worse

Apply “reasonable person” to ALL incidents

A Word on Past Noncompliance . . .

No plan of correction required

Enforcement remedies are at discretion of state survey agency

This is your “good job”

CMS “leaning in”

- LeadingAge request: clearly identified on Care Compare

Case Studies!

- *Identify the psychosocial outcome*
- *Identify the severity*
- *Identify ways to mitigate psychosocial outcome*

F627 Inappropriate Discharge

The facility failed to allow a resident to remain in the facility after his skilled rehabilitation ended and while his application for Medical Assistance was pending. The resident consequently was discharged to another facility that was located further from the resident's family, resulting in the resident expressing persistent sadness and withdrawal from social activities.

Level 3 – actual harm

F605 Chemical Restraints

A resident was prescribed antipsychotic medication for agitation. The medical record does not contain adequate clinical rationale or evidence of non-pharmacological approaches. The resident no longer participates in activities that he previously enjoyed, has difficulty concentrating and carrying on conversations, and spends most of the day isolated in his room, sleeping in a recliner or in bed.

Level 4 – immediate jeopardy

F600 Free from Abuse

Resident 1 was found in Resident 2's room, holding Resident 2, whose clothing had been partially removed leaving her breasts exposed. Resident 2 was cognitively impaired and could not consent to sexual activity. Resident 2 showed no signs of physical harm, no signs of psychosocial distress, and no change in behavior.

Level 4 – immediate jeopardy

Policy Workshop

Senate Finance Committee LTC Initiative

Dear Colleague Letter released May 20

Three focal points: expanding HCBS, improving nursing home quality, strengthening workforce

Multi-year collaborative initiative – stakeholder office hours

“Turning the page” “bold” – open field

Senate Finance Committee LTC Initiative

Improving nursing home quality:

- Payment transparency – direct care compensation, eliminating tunnelling
- Improved staffing
- Increased transparency and oversight

Senate Finance Committee LTC Initiative

Medicaid payment transparency – already in regulation

- Changes?

What do we do about staffing?

- What can we live with?
- What do we need to make it happen?

How can we improve transparency?

- What can be improved in the 855A SNF attachment?
- Are there other ways to be more transparent?

Ensuring Seniors' Access to Quality Care Act

H.R. 7096 introduced January 2026

Bipartisan support with 6 co-sponsors

- currently no Wyoming co-sponsors

CNA lock-out bill:

- Maintains existing reasons for lock-out: nurse staffing waiver, extended survey, mandatory imposition of federal remedies
- Adjusts CMP amount and specifies only for quality of care tags (current federal waiver)
- Maintains state waiver: availability, safe environment exists

Ensuring Seniors' Access to Quality Care Act

S. 4467 introduced April 2026

Bipartisan support with 4 co-sponsors

- Sen. John Barrasso original co-sponsor

CNA lock-out bill:

- Eliminates lock-out for nurse staffing waiver
- Adjusts CMP and locks out only for substandard quality of care
- Resume training if SQC did not result in harm (s/s F)
- Eliminates waivers

How Else Could We Improve CNA Lockout?

What do you like about the House bill?

What do you like about the Senate bill?

What's missing?

What Do We Do About Care Compare?

How should Five Star be weighted?

What should be on or should come off of Care Compare?

How can we improve display of complaints, facility reported incidents, citations?

- Past noncompliance considerations?

Resources

- State Operations Manual, Appendix PP

- Long Term Care Surveyor Resources (in the Downloads section)
  - Psychosocial Severity Guide

- Quality, Safety, and Education Portal (QSEP)
  - LTC Regulatory and Interpretive Guidance and Psychosocial Severity Guide Updates

- Is Disputing Your Citation Worth It? (webinar replay)

Let’s Keep in Touch!

- Email me anytime: jeyigor@leadingage.org

- Join the Nursing Home Network:
  Meeting over Zoom on the last Tuesday of every month.
  https://leadingage.org/join-the-nursing-home-member-network/

- Dial in for the National Policy Pulse:
  Every Monday at 3:30pm ET.
  https://leadingage.org/leadingage-national-policy-pulse/