

## Compliance Checklist for 2025 Surveyor Guidance Revisions

Nursing home providers can utilize this checklist as a compliance guide to ensure all revisions included in the surveyor guidance are implemented. The effective date of the surveyor guidance revisions is **March 24, 2025**. Additional resources are linked with this compliance checklist to aid in implementation.

### **Admission, Transfer, and Discharge:**

- F620 – Ensure that admission agreements and other documents do not include language that would:
  - Request a representative or third party to guarantee payment of services on behalf of the resident, from the third parties personal funds.
  - Request a representative or third party to be held personally liable for a breach of obligation such as not applying for Medicaid in a timely manner.
  - Allow someone other than a designated signatory to spend the resident's resources that would otherwise be used to pay for nursing home care.
  - Hold the representative or third party personally liable for any amount not paid to the nursing home due to inaccurate financial information or changes in the resident's financial status.
  
- F627 – Establish a [discharge policy and procedure](#) or revise current discharge policies to ensure that the nursing home is completing appropriate resident discharges. Appropriate resident discharges ensure that:
  - If the nursing home cannot meet the resident's needs, an assessment is completed at the time the resident is to be discharged from the nursing home or when the nursing home is issuing the involuntary discharge notice. For example, if a resident has behavioral health problems which may endanger other residents' health or safety and is transferred to the hospital for evaluation and treatment the resident's status should be assessed at the time the hospital is ready to discharge the resident.
  - If the discharge reason is due to the residents' improved health and/or functional status that they no longer require nursing home level care, the documentation clearly indicates the improvement in health and/or functional status.
  - If the discharge reason is due to a lack of payment, documentation clearly outlines the steps the nursing home took to work with the resident and/or their representative on providing payment. Examples may include but are not limited to issuing a notice of the amount that must be paid and by when, providing paperwork and information on applying for Medicare and/or Medicaid, assisting to the extent necessary in completing and submitting applications or paperwork to apply for Medicare and/or Medicaid benefits.

- If the resident or their representative has appealed the discharge or transfer from the nursing home, the nursing home will not discharge or transfer the resident until the appeal decision has been issued.
- The nursing home will complete effective discharge processes including but not limited to:
  - Ensuring that the residents' needs can be met at the discharge or transfer location.
  - Necessary medication has been ordered and obtained.
  - The caregiver(s) have been educated on all necessary tasks upon discharge such as wound care, medication administration, point of care testing, etc.
  - Additional support or services have been arranged such as outpatient therapy services, home health services, or hospice.
  - The resident will have necessary equipment based on their needs.
  - The discharge or transfer location considers the resident's preference.

- F627 – Develop an [assessment](#) to clearly document what individual resident need(s) cannot be met that require the resident to be discharged or transferred to another location.

### **Chemical Restraints and Unnecessary Psychotropic Medications**

- F605 – Educate staff on minimum requirements for documenting resident's informed decision making in advance of initiating or increasing psychotropic medications. This could include the use of an [informed consent document](#). The interpretative guidance directs surveyors to cite this under resident's rights although the language is included in the interpretive guidance. Minimum requirements for informed decision making must include:

- Benefits of the medication
- Risks to the resident when using the medication
- Alternative treatment options available
- Black box warnings as applicable for antipsychotic medications

### **Professional Standards and the Medical Director**

- F658 – Revise policy and procedures to incorporate appropriate supporting documentation for resident's diagnoses. See [Appropriate Medical Diagnosis](#) policy template.
- F841 – Update Medical Director's job description.

## **MDS**

- Revise policies regarding significant change MDS'. The terminology in this section was updated to reflect the transition to Section GG from previous language that was used in older versions of the MDS.
- Educate MDS coding staff on ensuring that supporting documentation is present to accurately code diagnoses, such as Schizophrenia. The person must be aware that when they are inaccurately coding the MDS, they can be reported to the professional licensure board in each state as well as the Office of Inspector General (OIG) for potential fraud when there is a pattern of inaccurate coding.

## **Pain Management**

- Revise policy to include acute, subacute, and chronic pain definitions.
- Educate staff on providing the resident or their representative of the risks of opioid use in treating pain. This could include an [informed consent](#) to meet compliance.

## **Quality Assurance/QAPI**

- Update the QAPI plan and/or policy to include use of health equity metrics in the nursing home QAPI processes.
- Identify how the nursing home will implement health equity metrics into QAPI processes and who will be responsible for monitoring. Examples can include incorporating the confidential health-equity feedback reports or health equity indicators into adverse event monitoring/investigation.

## **CPR**

- Review policy to determine if information is included on CPR Certification training. If so, revisions may be necessary to allow for in-person or virtual instruction as long as the training has a hands-on format.

## **Physical Environment**

- If you were initially certified, remodeled, or had a change of ownership (CHOW) after November 28, 2016, review your policy on resident bathrooms to ensure that there are no less than one bathroom for every two residents.

## **Resources:**

CMS. (2025. Jan 15) *QSO-25-12-NH Revised Long-Term Care (LTC) Surveyor Guidance: Significant revisions to enhance quality and oversight of the LTC survey process.* <https://www.cms.gov/files/document/qso-25-12-nh.pdf>