February Reflections

FROM CDC

CDC issued two MMWR articles that describe changes in the 2025 immunization schedule for children, adolescents, and adults. Changes related to older adults include new and updated recommendations for COVID-19 vaccines and pneumococcal conjugate vaccines (PCV). These changes include:

- The 2025 schedule includes a recommendation lowering the age-based recommendations for pneumococcal vaccination from 65 to 50 years old.
- In addition to previously recommended 2024-2025 COVID-19 vaccination:
    - ACIP recommends a second dose of 2024-2025 COVID-19 for adults ages 65 years and older given six months apart (minimal interval 2 months).
    - ACIP recommends a second dose of 2024-2025 COVID-19 vaccine for people ages 6 months-64 years who are moderately or severely immunocompromised and may consider a third dose under shared decision making with their health care providers.

FROM OSHA

OSHA Terminates COVID-Specific Rule For Direct Caregiver Protections

"The Occupational Safety and Health Administration terminated a COVID-specific rule on Wednesday that aimed to protect direct caregivers, deciding instead to shift its focus to include more infectious diseases." The final draft of the agency's "Emergency Temporary Standard had been sitting for more than two years after it was submitted by OSHA officials in December of 2022." But "now that it's off the table, many providers are happy that the agency is refocusing." According to McKnight's, "provider blowback from top long-term care organizations," including AHCA, "stemmed from concerns that a new rule would add yet another regulation atop a mountain of existing and forthcoming federal mandates."

FROM LTC NATIONAL INFECTION PREVENTION FORUM

Table 1. Recommended Transmission-Based Precautions and Duration of Isolation for Residents with Respiratory Viral Infections

Virus	Mask or Respirator*	Eye Protection	Gown	Gloves	Duration of Isolation
SARS-CoV-2	N95 or higher-level respirator	Yes	Yes	Yes	10 days
Influenza	Surgical mask	Per Standard Precautions	Per Standard Precautions	Per Standard Precautions	≥ 7 days
RSV and other respiratory viruses	Surgical mask	Per Standard Precautions	Yes	Yes	≥ 7 days**

FROM CMS

NF Provider Preview Reports – Now Available

The Skilled Nursing Facility (SNF) Provider Preview Reports have been updated and are now available. These reports contain provider performance scores for quality measures, which will be published on the compare tool on Medicare.gov and Provider Data Catalog (PDC) during the **April 2025 refresh**.

Data contained within the Provider Preview Reports are based on quality assessment data submitted by SNFs from **Quarter 3, 2023 through Quarter 2, 2024.** The Centers for Disease Control and Prevention (CDC) measures reflect Influenza Vaccination Coverage Among Healthcare Personnel measure data from **Quarter 4, 2023 through Quarter 1, 2024**, and COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure data from **Quarter 2, 2024**. The claims-based measures reflect data from **Quarter 4, 2021 through Quarter 3, 2023** and the SNF Healthcare-Associated Infections (HAI) measure data from **Quarter 4, 2022 through Quarter 3, 2023**

Providers have until **February 14, 2025,** to review their performance data. Only updates/corrections to the underlying assessment data before the final data submission deadline will be reflected in the publicly reported data on Medicare.gov. If a provider updates assessment data after the final data submission deadline, the updated data will only be reflected in the Facility-Level Quality Measure (QM) report and Patient-Level QM report. Updates submitted after the final data submission deadline will not be reflected in the Provider Preview Reports or on Medicare.gov. However, providers can request a CMS review of their data during the preview period if they believe the displayed quality measure scores within their Provider Preview Reports are inaccurate.

For those users experiencing issues locating their agency's SNF Provider Preview Report, follow the steps outlined below:

1. Log into iQIES using your Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) user ID and password. (If you do not have a HARP account, you may register for a HARP ID.)
2. From the Reports menu, select My Reports.
3. From the My Reports page, locate the SNF Provider Preview Reports folder. Select the SNF Provider Preview Reports link to open the folder.
4. Displayed for you is a list of reports available for download. The reports or files are listed in descending order and the newest files are displayed at the top of the list.
5. Select the desired SNF Provider Preview Report name link and the report will display.

New Users

New users will automatically receive the latest Provider Preview Report in their SNF Provider Preview Report folder once their new iQIES user role is approved. Follow the steps above to locate your agency's report in the SNF Provider Preview Report folder.

FROM AHCA

We are pleased to announce that through the partnership with American Association of Post-Acute Care Nursing (AAPACN), a new Quality Measures (QM) Rescue Guide is available to AHCA members at a special discount rate of $68 – 50% off AAPACN's non-member rate.

Quality Measures (QM) Rescue Guide

AAPACN's QM Rescue Guide helps facility leaders review and improve their nursing facility's quality measures (QMs). This downloadable PDF builds upon the AAPACN's QM Survival Guide providing an overview of QMs, including how they are measured, how to review each measure from a clinician's standpoint, and the steps necessary to improve outcomes. It includes 18 comprehensive audit tools, QM descriptions, and look-back periods to assist the team in finding the root cause, strengthen systems, and enhance outcomes.

AHCA members use this link to receive exclusive AAPACN member pricing on the guide.

Use the *QM Rescue Guide* to:

- Triage all QMs to identify which measures and system to prioritize for quality improvement
- Develop and review facility policies and procedures to achieve the best QM outcomes
- Identify the root cause of poor QM outcomes
- Create a Performance Improvement Plan (PIP) to address identified quality problems
- Audit 18 key systems that affect QM outcomes across multiple quality initiative programs

FROM AHCA

UnitedHealthcare (UHC) has updated its Medicare Advantage (MA) prior authorization requirement for physical, speech and occupational therapy, and chiropractic services that became effective September 1, 2024. These updates and additional guidance, which are applicable to both individual and group retiree members, were made as a result of feedback from providers, as well as a coalition of outpatient therapy provider organizations in which AHCA/NCAL participates.

Additional Information Specific to AHCA/NCAL Members

With respect to nursing home residents: The UHC MA prior authorization policy and guidance, which applies to outpatient physical and occupational therapy, speech-language pathology, and chiropractic services, does not apply to institutionalized residents in a nursing facility. So, no prior authorization is required.

However, if an assisted living (AL) resident with UHC MA coverage needs these services, the relaxed UHC prior authorization policy would apply if the AL resident receives the services in an office, an outpatient hospital department (on or off-campus), an ambulatory surgical center, an independent clinic, or a comprehensive outpatient rehabilitation facility.

The key revised prior authorization policy that an AL resident may be subject to includes:

- The initial consultation still does not require prior authorization.
- For new authorization requests starting on or after January 13, 2025, up to six visits of a member's initial plan of care will be covered without conducting a clinical review when the first six visits take place within eight weeks.
- Coverage of the initial consultation and up to six visits of a member's requested plan of care within eight weeks will apply without a clinical review under any of the following circumstances:
    - The member is new to your office.
    - The member presents with a new condition.
    - The member has had a gap in care of 90 or more days.
- Only plans of care requesting more than six visits or exceeding eight weeks will be assessed for medical necessity.
- Authorizations are subject to member eligibility and timely filing policy.
- Once the initial plan of care is complete, additional visits may be requested by submitting a new request for authorization.

For a comprehensive overview of the requirements that began September 1, 2024, see the UHC Advance Notification and Clinical Submission Requirements.

FROM CMS:

Post-Acute Care Quality Programs

The submission deadline for the Inpatient Rehabilitation Facility (IRF), Long-Term Care Hospital (LTCH), and Skilled Nursing Facility (SNF) Quality Reporting Programs is approaching.

- IRF Patient Assessment Instrument (IRF-PAI) assessment data and data submitted to Centers for Medicare & Medicaid Services (CMS) via the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) for July 1 – September 30 (Q3) of calendar year (CY) 2024 are due with this submission deadline.
- LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS) assessment data and data submitted to Centers for Medicare & Medicaid Services (CMS) via the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) for July 1 – September 30 (Q3) of calendar year (CY) 2024 are due with this submission deadline.
- Minimum Data Set (MDS) assessment data and data submitted to Centers for Medicare & Medicaid Services (CMS) via the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) for July 1 – September 30 (Q3) of calendar year (CY) 2024 are due with this submission deadline.

All data must be submitted no later than 11:59 p.m. on February 18, 2025.
The list of measures required for this deadline can be found on the CMS QRP websites:

- IRF Quality Reporting Data Submission Deadlines
- LTCH Quality Reporting Data Submission Deadlines
- SNF Quality Reporting Program Data Submission Deadlines

As a reminder, it is recommended that providers run applicable Internet Quality Improvement and Evaluation System (iQIES)/NHSN analysis reports prior to each quarterly reporting deadline, to ensure that all required data has been submitted. Swingtech sends informational messages to IRFs, LTCHs, and SNFs that are not meeting Annual Payment Update (APU) thresholds on a quarterly basis ahead of each submission deadline. If you need to add or change the email addresses to which these messages are sent, please email QRPHelp@swingtech.com and be sure to include your facility name and CMS Certification Number (CCN) along with any requested email updates.

FROM STATE AGENCY: RELATED TO "REMOVAL OF TERM ABATEMENT TO REMOVAL PLAN"

Upon reviewing Appendix Q removing and IJ is no longer being termed as an abatement. It is being looked at as a removal plan that would require and must be provided to the State Agency (SA) as soon as the facility has identified the steps it would take to ensure that no recipients are suffering or are likely to suffer serious injury, serious harm, serious impairment or death as a result of the facility's noncompliance.

Removal Plan: A removal plan documents the immediate action an entity will take to prevent serious harm from occurring or recurring. Following verification of IJ with the SA (and/or the RO), the survey team must notify the entity immediately that IJ has been identified. A removal plan will be required and must be provided to the SA as soon as the entity has identified the steps it will take to ensure that no recipients are suffering or are

likely to suffer serious injury, serious harm, serious impairment or death as a result of the entity's noncompliance. The removal plan identifies all actions the entity will take to immediately address the noncompliance that has resulted in or made serious injury, serious harm, serious impairment, or death likely by detailing how the entity will keep recipients safe and free from serious harm or death caused by the noncompliance. Unlike a plan of correction, it is not necessary that the removal plan completely correct all noncompliance associated with the IJ, but rather it must ensure serious harm will not occur or recur. The removal plan must include a date by which the entity asserts the likelihood for serious harm to any recipient no longer exists.

Approval of the Removal Plan: The entity's removal plan will be evaluated and approved by the SA or by the survey team in consultation with the SA. A determination must be made as to whether, if implemented appropriately, the removal plan will remove the likelihood that serious harm will occur, or recur. Approving the written removal plan does not mean the IJ is removed. To remove IJ, the entity must implement the removal plan, and the survey team must verify through observation, interview, and record review, that all actions the facility took were effective in removing the likelihood that serious injury, serious harm, serious impairment or death would occur or recur. NOTE: In cases where the entity alleges the IJ was removed prior to the current survey, the survey team must verify the action taken by the entity to remove IJ, and at what point the IJ was removed. The entity's removal plan must: • Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance; and • Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete. IJ Removal: Surveyors shall confirm that IJ has been removed by onsite verification after the entity's removal plan, (or AoC for CLIA) is approved and has been implemented. Removal of IJ means that immediate action has been taken by the entity to prevent a serious adverse outcome from occurring or recurring. This is not synonymous with the Plan of Correction, which documents steps the entity will take to come into substantial compliance. IJ is considered to be removed when surveyors verify that the approved removal plan is fully implemented, and no recipient is currently experiencing serious injury, serious harm, or serious impairment; and/or serious injury, serious harm, serious impairment, or death is not likely. If the plan is not fully implemented, the IJ will continue until the removal plan is fully implemented and the likelihood of serious injury, serious harm, serious impairment, or death no longer exists. NOTE: If the harm cannot be remedied (e.g., death or serious harm has already occurred), the removal plan must address how additional serious harm will be prevented.
I found this on pages 9 and 10. I hope this helps explains the removal plan better.

All QCOR data below is for FY2025 (October 2024-current)

Average Number of Deficiencies in Standard Health Surveys
National FY2025

Average Number of Deficiencies Report

Region	Average # Deficiencies per Survey by Scope & Severity												
	B	C	D	E	F	G	H	I	J	K	L	Total	# of Surveys
(I) Boston	0.4	0.1	4.9	1.9	0.3	0.1	0.03	0.0	0.03	0.1	0.0	7.8	117
(II) New York	0.1	0.1	4.6	1.5	0.6	0.1	0.0	0.0	0.03	0.02	0.03	7.0	132
(III) Philadelphia	0.2	0.1	5.7	2.4	0.4	0.1	0.0	0.0	0.02	0.02	0.0	8.9	174
(IV) Atlanta	0.1	0.04	3.5	0.8	0.4	0.1	0.0	0.0	0.1	0.01	0.01	5.0	350
(V) Chicago	0.03	0.1	4.6	1.1	0.9	0.2	0.0	0.0	0.02	0.01	0.0	7.0	639
(VI) Dallas	0.03	0.1	3.3	2.4	0.4	0.02	0.01	0.0	0.1	0.1	0.02	6.4	380
(VII) Kansas City	0.05	0.1	3.9	1.9	0.8	0.1	0.0	0.0	0.03	0.02	0.0	7.0	263
Iowa	0.1	0.0	2.9	0.9	0.2	0.1	0.01	0.0	0.04	0.1	0.0	4.2	99
Kansas	0.0	0.1	5.4	1.6	1.3	0.3	0.0	0.0	0.03	0.03	0.0	8.8	39
Missouri	0.05	0.3	4.9	3.7	1.2	0.1	0.0	0.0	0.02	0.0	0.0	10.3	85
Nebraska	0.0	0.2	2.9	1.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	5.2	40
(VIII) Denver	0.05	0.05	3.1	1.7	0.6	0.2	0.0	0.0	0.02	0.02	0.0	5.7	85
(IX) San Francisco	0.4	0.02	6.9	3.1	0.5	0.1	0.0	0.0	0.02	0.01	0.01	10.9	290
(X) Seattle	0.02	0.1	8.0	3.2	0.7	0.2	0.02	0.0	0.04	0.01	0.0	12.3	96
National Total	**0.1**	**0.1**	**4.6**	**1.8**	**0.6**	**0.1**	**0.01**	**0.0**	**0.04**	**0.03**	**0.01**	**7.4**	**2,526**
New York	0.1	0.2	4.3	1.4	0.5	0.1	0.0	0.0	0.0	0.02	0.01	6.6	81
Pennsylvania	0.2	0.1	5.2	2.3	0.3	0.1	0.0	0.0	0.01	0.03	0.0	8.3	143

National Citation Frequency Overall Surveys FY2025 Top 10

Citation Frequency Report

National Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Active Providers=14798		Total Number of Surveys=17548
F0880	Infection Prevention & Control	1,676	11.0%	9.6%
F0689	Free of Accident Hazards/Supervision/Devices	1,394	8.9%	7.9%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	1,220	8.2%	7.0%
F0684	Quality of Care	1,085	7.1%	6.2%
F0761	Label/Store Drugs and Biologicals	874	5.9%	5.0%
F0656	Develop/Implement Comprehensive Care Plan	853	5.6%	4.9%
F0600	Free from Abuse and Neglect	663	4.2%	3.8%
F0755	Pharmacy Srvcs/Procedures/Pharmacist/Records	615	4.0%	3.5%
F0609	Reporting of Alleged Violations	572	3.7%	3.3%
F0677	ADL Care Provided for Dependent Residents	569	3.7%	3.2%
F0695	Respiratory/Tracheostomy Care and Suctioning	569	3.8%	3.2%
F0550	Resident Rights/Exercise of Rights	566	3.8%	3.2%

National Citation Frequency Report Standard Surveys FY2025 Top 10

Citation Frequency Report

National Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Active Providers=14798		Total Number of Surveys=2526
F0880	Infection Prevention & Control	1,303	8.8%	51.6%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	1,125	7.6%	44.5%
F0761	Label/Store Drugs and Biologicals	770	5.2%	30.5%
F0689	Free of Accident Hazards/Supervision/Devices	638	4.3%	25.3%
F0656	Develop/Implement Comprehensive Care Plan	608	4.1%	24.1%
F0684	Quality of Care	541	3.7%	21.4%
F0695	Respiratory/Tracheostomy Care and Suctioning	493	3.3%	19.5%
F0550	Resident Rights/Exercise of Rights	409	2.8%	16.2%
F0641	Accuracy of Assessments	400	2.7%	15.8%
F0755	Pharmacy Srvcs/Procedures/Pharmacist/Records	397	2.7%	15.7%

Iowa FY 2025-Standard Top 10

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Iowa Active Providers=403		Total Number of Surveys=99
F0880	Infection Prevention & Control	37	9.2%	37.4%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	35	8.7%	35.4%
F0689	Free of Accident Hazards/Supervision/Devices	23	5.7%	23.2%
F0658	Services Provided Meet Professional Standards	19	4.7%	19.2%
F0684	Quality of Care	18	4.5%	18.2%
F0550	Resident Rights/Exercise of Rights	15	3.7%	15.2%
F0656	Develop/Implement Comprehensive Care Plan	13	3.2%	13.1%
F0641	Accuracy of Assessments	12	3.0%	12.1%
F0657	Care Plan Timing and Revision	12	3.0%	12.1%
F0623	Notice Requirements Before Transfer/Discharge	11	2.7%	11.1%
F0725	Sufficient Nursing Staff	11	2.7%	11.1%

Iowa FY2025-Complaint Top 10

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Iowa Active Providers=403		Total Number of Surveys=294
F0689	Free of Accident Hazards/Supervision/Devices	31	7.4%	10.5%
F0550	Resident Rights/Exercise of Rights	26	6.2%	8.8%
F0684	Quality of Care	25	6.2%	8.5%
F0658	Services Provided Meet Professional Standards	19	4.7%	6.5%
F0725	Sufficient Nursing Staff	16	4.0%	5.4%
F0609	Reporting of Alleged Violations	12	2.7%	4.1%
F0610	Investigate/Prevent/Correct Alleged Violation	11	2.5%	3.7%
F0677	ADL Care Provided for Dependent Residents	10	2.5%	3.4%
F0880	Infection Prevention & Control	7	1.7%	2.4%
F0580	Notify of Changes (Injury/Decline/Room, etc.)	7	1.7%	2.4%

Kansas FY2025-Standard Top 10

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Kansas Active Providers=304		Total Number of Surveys=39
F0880	Infection Prevention & Control	23	7.6%	59.0%
F0689	Free of Accident Hazards/Supervision/Devices	21	6.9%	53.8%
F0758	Free from Unnec Psychotropic Meds/PRN Use	17	5.6%	43.6%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	15	4.9%	38.5%
F0849	Hospice Services	13	4.3%	33.3%
F0623	Notice Requirements Before Transfer/Discharge	13	4.3%	33.3%
F0657	Care Plan Timing and Revision	12	3.9%	30.8%
F0756	Drug Regimen Review, Report Irregular, Act On	12	3.9%	30.8%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	11	3.6%	28.2%
F0757	Drug Regimen is Free from Unnecessary Drugs	10	3.3%	25.6%

Kansas FY2025-Complaint Top 10

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Kansas Active Providers=304		Total Number of Surveys=238
F0689	Free of Accident Hazards/Supervision/Devices	20	6.6%	8.4%
F0880	Infection Prevention & Control	10	3.3%	4.2%
F0758	Free from Unnec Psychotropic Meds/PRN Use	8	2.6%	3.4%
F0623	Notice Requirements Before Transfer/Discharge	8	2.6%	3.4%
F0600	Free from Abuse and Neglect	7	2.3%	2.9%
F0849	Hospice Services	7	2.3%	2.9%
F0550	Resident Rights/Exercise of Rights	7	2.3%	2.9%
F0757	Drug Regimen is Free from Unnecessary Drugs	6	2.0%	2.5%
F0756	Drug Regimen Review, Report Irregular, Act On	6	2.0%	2.5%
F0690	Bowel/Bladder Incontinence, Catheter, UTI	5	1.6%	2.1%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	5	1.6%	2.1%

Missouri FY2025-Standard Top 10

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Missouri Active Providers=491		Total Number of Surveys=85
F0880	Infection Prevention & Control	54	11.0%	63.5%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	49	10.0%	57.6%
F0584	Safe/Clean/Comfortable/Homelike Environment	32	6.5%	37.6%
F0689	Free of Accident Hazards/Supervision/Devices	29	5.9%	34.1%
F0759	Free of Medication Error Rts 5 Prcnt or More	29	5.9%	34.1%
F0761	Label/Store Drugs and Biologicals	28	5.7%	32.9%
F0625	Notice of Bed Hold Policy Before/Upon Trnsfr	25	5.1%	29.4%
F0623	Notice Requirements Before Transfer/Discharge	24	4.9%	28.2%
F0658	Services Provided Meet Professional Standards	21	4.3%	24.7%
F0684	Quality of Care	18	3.7%	21.2%
F0550	Resident Rights/Exercise of Rights	18	3.7%	21.2%
F0695	Respiratory/Tracheostomy Care and Suctioning	18	3.7%	21.2%

Missouri FY2025-Complaint Top 10

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Missouri Active Providers=491		Total Number of Surveys=730
F0689	Free of Accident Hazards/Supervision/Devices	22	4.3%	3.0%
F0684	Quality of Care	15	2.6%	2.1%
F0658	Services Provided Meet Professional Standards	15	3.1%	2.1%
F0600	Free from Abuse and Neglect	10	2.0%	1.4%
F0880	Infection Prevention & Control	10	1.8%	1.4%
F0610	Investigate/Prevent/Correct Alleged Violation	8	1.4%	1.1%
F0580	Notify of Changes (Injury/Decline/Room, etc.)	8	1.6%	1.1%
F0609	Reporting of Alleged Violations	8	1.6%	1.1%
F0677	ADL Care Provided for Dependent Residents	7	1.2%	1.0%
F0602	Free from Misappropriation/Exploitation	7	1.4%	1.0%

Nebraska FY2025-Standard Top 10

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Nebraska Active Providers=183		Total Number of Surveys=40
F0880	Infection Prevention & Control	31	16.9%	77.5%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	12	6.6%	30.0%
F0689	Free of Accident Hazards/Supervision/Devices	10	5.5%	25.0%
F0684	Quality of Care	10	5.5%	25.0%
F0584	Safe/Clean/Comfortable/Homelike Environment	10	5.5%	25.0%
F0757	Drug Regimen is Free from Unnecessary Drugs	8	4.4%	20.0%
F0758	Free from Unnec Psychotropic Meds/PRN Use	8	4.4%	20.0%
F0759	Free of Medication Error Rts 5 Prcnt or More	7	3.8%	17.5%
F0657	Care Plan Timing and Revision	6	3.3%	15.0%
F0641	Accuracy of Assessments	5	2.7%	12.5%
F0801	Qualified Dietary Staff	5	2.7%	12.5%
F0609	Reporting of Alleged Violations	5	2.7%	12.5%

Nebraska FY2025-Complaint Top 10

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Nebraska Active Providers=183		Total Number of Surveys=107
F0684	Quality of Care	10	5.5%	9.3%
F0880	Infection Prevention & Control	8	4.4%	7.5%
F0689	Free of Accident Hazards/Supervision/Devices	6	3.3%	5.6%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	4	2.2%	3.7%
F0609	Reporting of Alleged Violations	3	1.6%	2.8%
F0726	Competent Nursing Staff	2	1.1%	1.9%
F0656	Develop/Implement Comprehensive Care Plan	2	1.1%	1.9%
F0758	Free from Unnec Psychotropic Meds/PRN Use	2	1.1%	1.9%
F0759	Free of Medication Error Rts 5 Prcnt or More	2	1.1%	1.9%
F0580	Notify of Changes (Injury/Decline/Room, etc.)	2	1.1%	1.9%
F0760	Residents are Free of Significant Med Errors	2	1.1%	1.9%
F0584	Safe/Clean/Comfortable/Homelike Environment	2	1.1%	1.9%
F0725	Sufficient Nursing Staff	2	1.1%	1.9%

New York FY2025-Standard Top 10

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		New York Active Providers=603		Total Number of Surveys=81
F0880	Infection Prevention & Control	37	6.1%	45.7%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	33	5.5%	40.7%
F0761	Label/Store Drugs and Biologicals	28	4.6%	34.6%
F0656	Develop/Implement Comprehensive Care Plan	25	4.1%	30.9%
F0550	Resident Rights/Exercise of Rights	21	3.5%	25.9%
F0725	Sufficient Nursing Staff	20	3.3%	24.7%
F0584	Safe/Clean/Comfortable/Homelike Environment	19	3.2%	23.5%
F0677	ADL Care Provided for Dependent Residents	17	2.8%	21.0%
F0657	Care Plan Timing and Revision	15	2.5%	18.5%
F0689	Free of Accident Hazards/Supervision/Devices	14	2.3%	17.3%
F0695	Respiratory/Tracheostomy Care and Suctioning	14	2.3%	17.3%

New York FY2025-Complaint Top 10

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		New York Active Providers=603		Total Number of Surveys=335
F0684	Quality of Care	16	2.7%	4.8%
F0689	Free of Accident Hazards/Supervision/Devices	13	2.0%	3.9%
F0600	Free from Abuse and Neglect	11	1.8%	3.3%
F0760	Residents are Free of Significant Med Errors	8	1.3%	2.4%
F0677	ADL Care Provided for Dependent Residents	7	1.2%	2.1%
F0609	Reporting of Alleged Violations	7	1.2%	2.1%
F0550	Resident Rights/Exercise of Rights	7	1.2%	2.1%
F0725	Sufficient Nursing Staff	7	1.2%	2.1%
F0657	Care Plan Timing and Revision	5	0.8%	1.5%
F0584	Safe/Clean/Comfortable/Homelike Environment	5	0.8%	1.5%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	5	0.8%	1.5%

Pennsylvania FY2025-Standard Top 10

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Pennsylvania Active Providers=666		Total Number of Surveys=143
F0684	Quality of Care	66	9.9%	46.2%
F0880	Infection Prevention & Control	55	8.3%	38.5%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	44	6.6%	30.8%
F0656	Develop/Implement Comprehensive Care Plan	42	6.3%	29.4%
F0761	Label/Store Drugs and Biologicals	40	6.0%	28.0%
F0689	Free of Accident Hazards/Supervision/Devices	36	5.4%	25.2%
F0623	Notice Requirements Before Transfer/Discharge	35	5.3%	24.5%
F0641	Accuracy of Assessments	32	4.8%	22.4%
F0695	Respiratory/Tracheostomy Care and Suctioning	30	4.5%	21.0%
F0690	Bowel/Bladder Incontinence, Catheter, UTI	28	4.2%	19.6%

Pennsylvania FY2025-Complaint Top 10

Citation Frequency Report

State Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Pennsylvania Active Providers=666		Total Number of Surveys=755
F0684	Quality of Care	37	5.4%	4.9%
F0689	Free of Accident Hazards/Supervision/Devices	23	3.3%	3.0%
F0584	Safe/Clean/Comfortable/Homelike Environment	23	3.2%	3.0%
F0580	Notify of Changes (Injury/Decline/Room, etc.)	13	2.0%	1.7%
F0761	Label/Store Drugs and Biologicals	10	1.4%	1.3%
F0677	ADL Care Provided for Dependent Residents	9	1.4%	1.2%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	9	1.4%	1.2%
F0880	Infection Prevention & Control	9	1.2%	1.2%
F0658	Services Provided Meet Professional Standards	9	1.4%	1.2%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	9	1.4%	1.2%

Overdue Recertification Surveys Report (16 months) FY2025

Overdue Recertification Surveys Report

Region	Number of Late Surveys	% of Active Providers
(I) Boston	138	17.3%
(II) New York	307	32.1%
(III) Philadelphia	412	30.3%
(IV) Atlanta	910	34.2%
(V) Chicago	485	15.1%
(VI) Dallas	102	5.0%
(VII) Kansas City	191	13.9%
Iowa	6	1.5%
Kansas	102	33.7%
Missouri	83	17.0%
(VIII) Denver	74	12.9%
(IX) San Francisco	245	17.3%
(X) Seattle	36	8.6%
National Total	**2,900**	**19.6%**
New York	198	32.8%

NOTE: The states of Nebraska and Pennsylvania have no overdue surveys reported

Number of G+ Deficiencies FY2025

Deficiency Count Report

Region	Deficiencies by Scope & Severity											
	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	0	0	0	0	0	32	4	0	19	8	0	63
(II) New York	0	0	0	0	0	12	1	0	12	4	4	33
(III) Philadelphia	0	0	0	0	0	32	0	0	9	8	0	49
(IV) Atlanta	0	0	0	0	0	70	2	0	114	6	10	202
(V) Chicago	0	0	0	0	0	385	1	0	97	12	6	501
(VI) Dallas	0	0	0	0	0	48	8	0	120	62	6	244
(VII) Kansas City	0	0	0	0	0	69	1	0	51	7	1	129
Iowa	0	0	0	0	0	24	1	0	12	6	0	43
Kansas	0	0	0	0	0	19	0	0	18	1	1	39
Missouri	0	0	0	0	0	23	0	0	16	0	0	39
Nebraska	0	0	0	0	0	3	0	0	5	0	0	8
(VIII) Denver	0	0	0	0	0	57	0	0	7	6	2	72
(IX) San Francisco	0	0	0	0	0	68	0	0	22	6	2	98
(X) Seattle	0	0	0	0	0	40	2	0	6	1	1	50
National Total	**0**	**0**	**0**	**0**	**0**	**813**	**19**	**0**	**457**	**120**	**32**	**1,441**
New York	0	0	0	0	0	9	1	0	2	4	1	17
Pennsylvania	0	0	0	0	0	24	0	0	4	7	0	35

National G+ Citation Frequency FY2025 Top 10

Citation Frequency Report

National Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Active Providers=14798		Total Number of Surveys=1081
F0689	Free of Accident Hazards/Supervision/Devices	459	3.0%	42.5%
F0600	Free from Abuse and Neglect	225	1.5%	20.8%
F0684	Quality of Care	149	1.0%	13.8%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	115	0.8%	10.6%
F0760	Residents are Free of Significant Med Errors	49	0.3%	4.5%
F0697	Pain Management	44	0.3%	4.1%
F0692	Nutrition/Hydration Status Maintenance	40	0.3%	3.7%
F0580	Notify of Changes (Injury/Decline/Room, etc.)	34	0.2%	3.1%
F0656	Develop/Implement Comprehensive Care Plan	24	0.2%	2.2%
F0678	Cardio-Pulmonary Resuscitation (CPR)	18	0.1%	1.7%
F0610	Investigate/Prevent/Correct Alleged Violation	18	0.1%	1.7%

National J+ Citation Frequency FY2025 Top 10

Citation Frequency Report

National Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Active Providers=14798		Total Number of Surveys=420
F0689	Free of Accident Hazards/Supervision/Devices	186	1.3%	44.3%
F0600	Free from Abuse and Neglect	100	0.7%	23.8%
F0684	Quality of Care	64	0.4%	15.2%
F0580	Notify of Changes (Injury/Decline/Room, etc.)	25	0.2%	6.0%
F0760	Residents are Free of Significant Med Errors	21	0.1%	5.0%
F0678	Cardio-Pulmonary Resuscitation (CPR)	18	0.1%	4.3%
F0835	Administration	15	0.1%	3.6%
F0607	Develop/Implement Abuse/Neglect Policies	13	0.1%	3.1%
F0610	Investigate/Prevent/Correct Alleged Violation	12	0.1%	2.9%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	12	0.1%	2.9%

Civil Money Penalty (CMP) Report, FY2025

Civil Money Penalty (CMP) Report

Region	Total Number of CMPs		Total Dollar Amount		Average Dollar Amount		Average Days in Effect
	Per Diem	Per Instance	Per Diem	Per Instance	Per Diem	Per Instance	Per Diem
(I) Boston	22	28	$ 2,341,370.00	$ 445,461.85	$ 106,425.91	$ 15,909.35	48
(II) New York	27	6	$ 3,008,365.25	$ 86,241.75	$ 111,420.94	$ 14,373.62	65
(III) Philadelphia	16	19	$ 1,789,840.50	$ 380,827.00	$ 111,865.03	$ 20,043.53	35
(IV) Atlanta	32	69	$ 4,552,069.00	$ 863,784.25	$ 142,252.16	$ 12,518.61	32
(V) Chicago	42	38	$ 2,936,785.75	$ 748,052.55	$ 69,923.47	$ 19,685.59	32
(VI) Dallas	91	130	$ 8,137,485.20	$ 2,391,906.85	$ 89,422.91	$ 18,399.28	33
(VII) Kansas City	4	3	$ 382,255.00	$ 38,550.50	$ 95,563.75	$ 12,850.17	51
Iowa	0	1	$ 0.00	$ 4,010.50	$ 0.00	$ 4,010.50	0
Missouri	2	2	$ 234,405.00	$ 34,540.00	$ 117,202.50	$ 17,270.00	69
Nebraska	2	0	$ 147,850.00	$ 0.00	$ 73,925.00	$ 0.00	33
(VIII) Denver	5	3	$ 168,395.00	$ 43,860.00	$ 33,679.00	$ 14,620.00	18
(IX) San Francisco	31	22	$ 1,619,842.25	$ 370,377.25	$ 52,252.98	$ 16,835.33	35
(X) Seattle	11	1	$ 457,427.70	$ 25,920.00	$ 41,584.34	$ 25,920.00	42
National Total	**281**	**319**	**$ 25,393,835.65**	**$ 5,394,982.00**	**$ 90,369.52**	**$ 16,912.17**	**38**
New York	13	1	$ 1,222,347.50	$ 13,095.00	$ 94,026.73	$ 13,095.00	67
Pennsylvania	9	3	$ 1,121,240.00	$ 65,269.00	$ 124,582.22	$ 21,756.33	32

NOTE: Kansas does not currently show any CMP amounts to date in 2025 but that does not indicate there will not be CMPs issued in the future.

If I can help you in any way, please feel free to contact me.

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