



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
*Aging and Long-Term Support Administration*  
*PO Box 45600, Olympia, Washington 98504-5600*

March 19, 2025

**AL TSA: NH #2025-010**  
**QSO-25-14-NH, REVISED: LONG-TERM CARE (LTC) SURVEYOR**  
**GUIDANCE: SIGNIFICANT REVISIONS TO ENHANCE QUALITY AND**  
**OVERSIGHT OF THE LTC SURVEY PROCESS**

Dear Nursing Facility/Home Administrator:

We are writing to inform providers that the Centers for Medicare and Medicaid Services (CMS) has postponed the updates to the LTC Survey Process and Appendix PP, with the new implementation date now scheduled for **April 28, 2025**.

**This letter supersedes AL TSA: NH #024-059 and guidance issued in QSO-25-12-NH.**

On March 10, 2025, CMS issued QSO-25-14-NH, delaying the implementation of revisions to the LTC survey process from March 24, 2025, to **April 28, 2025**. This extension allows for additional training for both surveyors and nursing home providers. Updated guidance and training related to *Nursing Services* and *Payroll Based Journal* have been incorporated into Appendix PP and the LTC Survey Process, with the new guidance available to surveyors in the Automated Survey Process Environment (ASPEN) system on **April 28, 2025**. These changes include:

**Revisions to Appendix PP**

- **Admission, Transfer and Discharge:**
  - **Admission Agreement:** CMS has clarified guidance prohibiting admission agreements from containing language requesting or requiring a third-party guarantee of payments.
  - **Transfer and Discharge Citations:** Tags F622 to F626, F660 and F661 have been deleted, and the terms “facility-initiated” and “resident-initiated” have been removed from the guidance. The content has been reorganized and incorporated into two (2) new citations: F627 - Inappropriate Transfers and Discharges and F628 - Transfer and Discharge Process.
- **Sufficient Nursing Staff, RN 8 Hrs./7days/Wk., Full Time Director of Nursing (DON), & Payroll Based Journal (PBJ):**
  - New guidance has been issued for surveyors regarding Nursing Services, specifically related to F725 Sufficient Nursing Staff, F727 Registered Nurse (RN) 8 Hrs./7 days/Wk., Full Time, and F851 PBJ.
  - The updated guidance emphasizes the PBJ Staffing Data Report as an important tool for identifying potential noncompliance. It outlines instructions for conducting staff interviews and observations, pinpointing noncompliance issues, and categorizing deficiencies. Furthermore, it provides surveyors with guidelines based on report findings, investigative probes related to DON requirements, and procedures for evaluating compliance with direct care staffing data submissions. The guidance also directs the team coordinator to review staffing data during offsite preparation, ensuring they are adequately prepared before entering a facility for the survey.

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- **Chemical Restraints/Unnecessary Psychotropic Medication:**
  - The guidance for unnecessary psychotropic medication (F758) has been consolidated into F605.
  - The guidance regarding "convenience" has been expanded to include the use of medications that cause sedation or to lessen the workload of staff in meeting resident needs.
  - Revised guidelines highlight the importance of resident participation in treatment decisions, especially before starting or increasing psychotropic medications, including the right to accept or decline the medication.
  - Unnecessary Medications (F757) has been revised to only include guidance for non-psychotropic medications.
- **Professional Standards and Medical Director:**
  - Instructions have been added to Professional Standards (F658), to investigate concerns regarding antipsychotic medications prescribed without sufficient supporting documentation of an approved indication for use.
  - Responsibilities of Medical Director (F841) now include guidance ensuring physicians and other healthcare providers comply with facility policies on diagnosing and prescribing medications, coordinating medical care and implementing resident care policies identified by the facility's quality assessment and assurance (QAA) committee. Interviewing the Medical Director is now part of the Unnecessary Medications and Quality Assurance & Performance Improvement (QAPI) pathways.
- **Accuracy/Coordination/Certification:**
  - Instructions for investigating Minimum Data Set (MDS) assessment accuracy and determining whether noncompliance exists when concerns related to insufficient documentation to support a medical condition are identified for a resident receiving an antipsychotic medication were added to the guidance in Accuracy of Assessment (F641).
  - Coordination/Certification of Assessment (F642) has been removed and relocated to Accuracy of Assessment (F641).
- **Comprehensive Assessment after Significant Change:**
  - Language has been revised to more accurately reflect the levels of assistance a resident receives for self-care and mobility, in alignment with Section GG of the MDS.
- **QAPI/QAA Improvement Activities:**
  - New guidance incorporates health equity concerns into QAPI activities. Facilities should consider factors that influence health equity and outcomes of residents when setting priorities in their QAPI program.
- **Cardio-Pulmonary Resuscitation (CPR):**
  - Updates were made to CPR certification to align with current nationally accepted standards.
- **Pain management:**
  - Revised guidance for treating acute, chronic, and subacute pain to align with Centers for Disease Control (CDC) and Prevention definitions; allowing LTC physicians to consider prescribing immediate-release opioids instead of extended-release or long-acting options and emphasizing the need for individualized opioid treatment plans.

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- **Physical Environment:**
  - Allows facilities with construction or those newly certified after November 28, 2016, with two single occupancy rooms with one bathroom to meet the bedroom/bathroom requirements without undergoing major renovations.
- **Infection Prevention & Control:**
  - New guidelines incorporating recommendations from CMS Memo QSO-24-08-NH (March 2024) on enhanced barrier precautions to prevent the spread of multidrug resistant organisms (MDROs) have been added to Appendix PP.
- **COVID-19 Immunization:**
  - Guidance on the requirements for educating residents, their representatives, and staff about the benefits and possible side effects of the COVID-19 vaccine, as outlined in CMS Memo QSO-21-19-NH (May 2021), has been included in Appendix PP.

**Other Revisions**

- **Survey Process Software (Effective April 28, 2025):**
  - The revised guidance will be added to the Long-Term Care Survey Process (LTCSP) software.
  - CMS will also update all associated survey documents found in the “Survey Resources” link in the Downloads Section of the [CMS Nursing Homes website](#).
- **Critical Element Pathways**
  - Sufficient and Competent Nurse Staffing Review
  - QAPI and 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
- **Training Resources:**
  - A computer-based training explaining the revisions, *Long-Term Care Appendix PP Regulatory and Interpretive Guidance Updates – Effective March 2025*, is available for SAs and providers in the Quality, Safety, and Education Portal (QSEP) (<https://qsep.cms.gov/welcome.aspx>). **Note: Training for Nurse Staffing and Payroll Based Journal has been added to the existing training in the QSEP.**
  - Accessing QSEP trainings:
    - If you are logging into QSEP for the first time, please visit the QSEP home page, click on *Sign Up* located on the right side of the screen, and select *Providers & Other Learners*. You will receive a confirmation email. After completing the identification process, you will be able to select the training from the QSEP Training Catalog.
    - If you have already completed the identification process, navigate to the QSEP home page, click on *Login*, and then select *Login for Providers & Other Learners*. Enter your email address to access QSEP and choose the training from the QSEP Training Catalog.
  - It is recommended to use Chrome web browser to ensure optimal performance while completing the trainings in QSEP.

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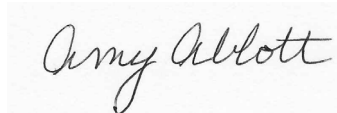
- States will receive a **revised** QIES Technical Support Office (QTSO) memo with information on updating survey software and accessing software training prior to the effective date.

***Please note*** - Surveyors will begin using this guidance to determine compliance with requirements on surveys beginning **April 28, 2025**, to allow time for surveyors and nursing home providers to be trained on this new information.

The advance copy of the revised Appendix PP and Critical Element Pathways are included in [QSO-25-14-NH](#).

Thank you for your continued commitment to resident health and safety. If you have any questions, please contact Tiffany Meyers, Nursing Home Policy Program Manager, at [rcspolicy@dshs.wa.gov](mailto:rcspolicy@dshs.wa.gov) or (360) 464-0373.

Sincerely,

A handwritten signature in black ink that reads "Amy Abbott". The signature is written in a cursive style and is centered within a light gray rectangular box.

Amy Abbott, Director  
Residential Care Services

DSHS: "*Partnering with People*"

Related References: [QSO-25-14-NH](#), [QSO-25-12-NH](#), [QSO-24-08-NH](#), [QSO-21-19-NH](#)