



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
Residential Care Services • P.O. Box 45600 • Olympia, Washington 98504

February 12, 2026
Revised April 09, 2026

HCLA: NH #2026-006

Revised: QSO-26-03-NH, Revisions to the State Operations Manual (SOM) Chapters 5 and 7

Dear Nursing Facility/Home Administrator:

This letter is to inform you of the recent revisions made by the Centers for Medicare & Medicaid Services (CMS) to the State Operations Manual (SOM) **Chapter 5 - Complaint Procedures** and **Chapter 7 - Survey and Enforcement Process for Skilled Nursing Facilities and Nursing Facilities**.

CMS is continually improving oversight and enforcement in cases of non-compliance with federal laws and regulations. The SOM chapters serve as the primary guides for regulatory compliance, ensuring that nursing homes (NHs) meet federal standards for quality care, safety, and operational procedures.

On January 30, 2026, CMS released **QSO-26-03-NH**, revising SOM Chapters 5 and 7 to align instructions and guidance with current policies in Quality, Safety & Oversight (QSO) memoranda and established practices. These revisions were originally scheduled to go into effect **March 30, 2026**.

WHAT'S NEW:

On **April 3, 2026**, CMS issued QSO-26-03-NH Revised, clarifying and making additional revisions to SOM Chapters 5 and 7. The key updates are highlighted in **red** text. The new effective date for these changes is **April 30, 2026**.

Chapter 5 of the SOM:

- Revisions to Immediate Jeopardy (IJ) Priority Definition examples for NHs; and
- Clarification of Onsite and Offsite investigations:

Chapter 5 - SOM Section	Previous Guidance	Final Update/Clarification
5300 - Investigation of Complaints for Nursing Homes (Onsite)	No guidance given in this section concerning duration and length of time for abbreviated surveys.	<i>Abbreviated surveys must be conducted on two consecutive calendar days from the day of entrance. Exceptions to this guidance would be an emergency situation as deemed by the state agency or a competing</i>

		<p><i>IJ at another location requiring the survey team's immediate attention.</i></p> <p><i>Additionally, the surveyor or survey team should plan to be onsite for a minimum of five hours after entrance, unless the investigation can be completed in less than five hours.</i></p>
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Chapter 7 of the SOM:

- **Nurse Staffing Waivers and Resident Room Variances:** Outlines a process for NHs to attain a waiver and is not associated with the survey process. CMS is moving this guidance from Appendix PP to Chapter 7.
 - **Section 7014.3 - Variations of Patient Room Size and/or Beds Per Room,** outlines the requirements for nursing home providers and the role of the State Agency for room variations/waivers.
- **Onsite vs. Offsite revisits:** Clarifies procedures for conducting revisits after surveyors identify non-compliance.
 - **Section 7317.2 – Revisits** for specific guidance for the procedures that the State Survey Agency must follow when determining and conducting onsite and offsite revisits.
- **Immediate Jeopardy:** Updates guidance on identifying IJ, determining when it has been removed, and outlining conditions for lowering the severity level once IJ has been removed.
- **Acceptable Plan of Correction:** Addresses an Office of the Inspector General (OIG) recommendation to clarify areas related to the acceptable plans of correction after a facility was found to be non-compliant with the requirements for participation.
- **Enforcement Guidance:** Revises policies for Civil Money Penalties (CMP) to match current practices, using the CMP Analytic Tool and adjusting CMP amounts yearly as per the Annual CMP Inflation Adjustment Act of 2015. Updates also align with the Fiscal Year 2025 Skilled Nursing Facilities Prospective Payment System final rule, enhancing CMS' power to impose CMPs for health and safety deficiencies.
- **Civil Money Penalty (CMP) Reinvestment Program:** Clarifies how CMP funds can and cannot be used, the application review process, and reporting requirements. Also notes that State CMP Fund Balances will be publicly posted. These revisions were made to align with the release of QSO-25-26-NH.

- The **CMP enforcement revisions** will be reflected in the CMP Analytic Tool for all enforcement cycles starting on and/or after **March 31, 2026**, and the per-instance CMPs will be displayed on Nursing Home Care Compare beginning **June 24, 2026**.
- **Informal Dispute Resolution (IDR):** Aligns IDR procedures with the Independent IDR (IIDR) process and adds guidance on uploading deficiencies pending IDR or IIDR to the CMS record-keeping system to improve transparency.
- **Survey Expectations:** The updated guidance clarifies the minimum amount of time the survey team should be onsite on the first day of a survey, and the minimum amount of consecutive days that the survey team should be onsite for standard and abbreviated surveys.

Chapter 7 – SOM Section	Previous Guidance	Final Update/Clarification
<p>7203.5 - Abbreviated Standard Survey</p>	<p>This survey focuses on particular tasks that relate, for example, to complaints received, or a change of ownership, management, or Director of Nursing. It does not cover all the aspects covered in the standard survey but rather concentrates on a particular area of concern(s). The survey team (or surveyor) may investigate any area of concern and make a compliance decision regarding any regulatory requirement, whether or not it is related to the original purpose of the survey complaint.</p> <p>1 - Complaint Investigations</p> <p>If the State’s review of a complaint allegation(s) concludes that one or more violations of requirements may have occurred, and only a survey can determine whether a</p>	<p><i>The abbreviated standard survey</i> focuses on particular tasks <i>used for substantial changes in a facility’s organization and management</i>. It does not cover all the aspects covered in the standard survey but rather concentrates on a particular area of concern.</p> <p>2. Complaint Investigations-</p> <p><i>If the State’s review of a complaint allegation(s) concludes that one or more violations may have occurred, and only an onsite investigation can determine whether a deficiency(ies) exist, conduct a complaint investigation using the procedures for either a standard or abbreviated standard survey,</i></p>

	<p>deficiency(ies) exist, conduct a standard or abbreviated standard survey. (See Chapter 5 and Appendix P of this manual.)</p> <p>2 - Substantial Changes in a Facility’s Organization and Management</p> <p>If a facility notifies you of a change in organization or management, review the change to ensure compliance with the regulations. Request copies of the appropriate documents, e.g., written policies and procedures, personnel qualifications and agreements, etc., if they were not submitted. If changes in a facility’s organization and management are significant and raise questions of its continued substantial compliance, determine, through a survey, whether deficiencies have resulted. Collect information about changes in the facility’s organization and management on the “Medicare and other Federal Care Program General Enrollment,” Form CMS-855.</p>	<p><i>depending on the nature of the complaint allegation. (See also Chapter 5 of this manual and 42 CFR 488.334).</i></p> <p>1. Substantial Changes in a Facility’s Organization and Management -</p> <p>If a facility notifies <i>the SA</i> of a change in organization or management, <i>including a change of ownership, administration, management or the director of nursing</i>, review the change to ensure compliance with the regulations.</p> <p>If changes in a facility’s organization and management are significant and raise questions of its continued substantial compliance, determine, through a survey, whether <i>certain changes have caused a decline in quality of care furnished by a SNF or NF and determine whether</i> deficiencies have resulted.</p> <p><i>The abbreviated standard survey may be expanded to cover additional areas, or to conduct a full standard survey if evidence is found that warrants a more extensive review.</i></p>
<p>7207.2 - All Surveys Must Be Unannounced</p>	<p>Survey teams are expected to remain in the facility after entrance for a minimum of five consecutive hours. This applies to all standard health surveys and helps to ensure that the surveys remain unannounced. For example, a survey team</p>	<p><i>Survey teams are expected to remain in the facility after entrance for a minimum of five consecutive hours. This applies to all standard health surveys and helps to ensure that the surveys remain unannounced. For example, a survey team should not enter a facility, conduct a brief entrance</i></p>

	<p>should not enter a facility, conduct a brief entrance conference, then leave the facility only to return the next day. Additionally, a survey should not enter a facility on a Friday and not return until the following Monday. Surveys must be conducted on consecutive days.</p>	<p><i>conference, then leave the facility only to return the next day.</i></p> <p><i>Additionally, a survey should not enter a facility on a Friday and not return until the following Monday. If all required first day activities (per the Long-Term Care Survey Process (LTCSP) procedure guide and entrance conference form) have been completed in under five hours, or there is an emergency, the survey team may leave sooner, but this should be a rare occurrence.</i></p> <p><i>At a minimum, the first two days of a survey must be conducted on consecutive calendar days from the day of entrance. The only exception would be an emergency situation, which should be rare, or a competing IJ at another location requiring the survey team's immediate attention.</i></p>
<p>7207.2.2 - Variance in Timing (Time of Day, Day of Week, Time of Month)</p>	<p>At least 10 percent of standard health surveys must begin either on the weekend or in the evening/early morning hours before 8:00 a.m. or after 6:00 p.m.</p> <p>In addition, <u>all</u> standard health surveys conducted to satisfy the 10 percent off-hours requirement <u>must</u> be conducted on consecutive days. Consecutive days mean calendar days and are to include Saturdays, Sundays, and Holidays. For example, beginning a survey at 8:00 a.m. on a Friday morning <u>must</u> be continued until its completion through the</p>	<p>Off-hour surveys begin either on the weekend or before 6:00 a.m. or after 5:00 p.m. on weekdays.</p> <p><i>All standard health surveys, including those conducted to satisfy the 10 percent off-hours requirement, <u>must</u> be conducted with the survey team onsite for a minimum of two consecutive calendar days after entrance. Consecutive <i>calendar</i> days include Saturdays, Sundays, and Holidays. For example, a survey that begins at 8:00 a.m. on a Friday morning <u>must</u> be continued for two consecutive <i>calendar</i> days.</i></p>

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	weekend and into the following week.	
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- **Additional information:** Includes guidance previously found in Appendix P of the SOM, along with technical changes that include updates for accurate references.

Please note: This letter summarizes key revisions to SOM Chapters 5 and 7. It is recommended for nursing homes/facilities to review both chapters in their entirety to ensure a full understanding of all updated requirements.

If you have any questions, please contact RCSpolicy@dshs.wa.gov.

Sincerely,



Amy Abbott, Director
Residential Care Services

DSHS: *“Partnering with People”*

Related References: [QSO-26-03-NH Revised](#), (SOM Chapters 5 and Chapter 7), [QSO-25-26-NH](#)