Reception Room

- **Good morning!** The meeting will start shortly.
- **Participants are muted** on entry.
- **Check the Q&A Tab:** Information about the training, including information about how to access captions and view the slides, is available there.
- **To view captions for this event**: You can view captions in Teams by clicking the More (…) button in the Teams window, then "Language and Speech," and choose "Turn on live captions."
- **If you have any technical issues,** please visit the Microsoft support page for Teams or email Health.HRDCommunications@state.mn.us.

Nursing Home Regulatory Updates
July 2026

Tennessen Warning

- **The Minnesota Department of Health is hosting this joint regulatory training for providers of long-term care and Health Regulation Division staff.**
- **Your comments, questions, and image, which may be private data, may be visible during this event.** You are not required to provide this data, and there are no consequences for declining to do so.
- **The virtual presentation may be accessible to anyone** who has a business or legal right to access it. By participating, you are authorizing the data collected during this presentation to be maintained by MDH.
- **To opt out of the presentation, please exit now.**

Agenda

- Immunization updates
- Top citations and complaint data for the Third Quarter of Fiscal Year 2026
- MDH updates
- Common immediate jeopardy findings and how to effectively remove immediacy
- Quality Assurance and Performance Improvement (QAPI) and Quality Assessment and Assurance Review (QAA)
- Questions

Immunization updates

Sarah Spah, RN, MSN | Nurse Specialist

COVID-19 2nd dose reminder!

2nd dose of 2025-26 COVID-19 vaccine recommended

- ✓ 65 years of age and older
- ✓ 6 months of age and older who are moderately or severely immunocompromised

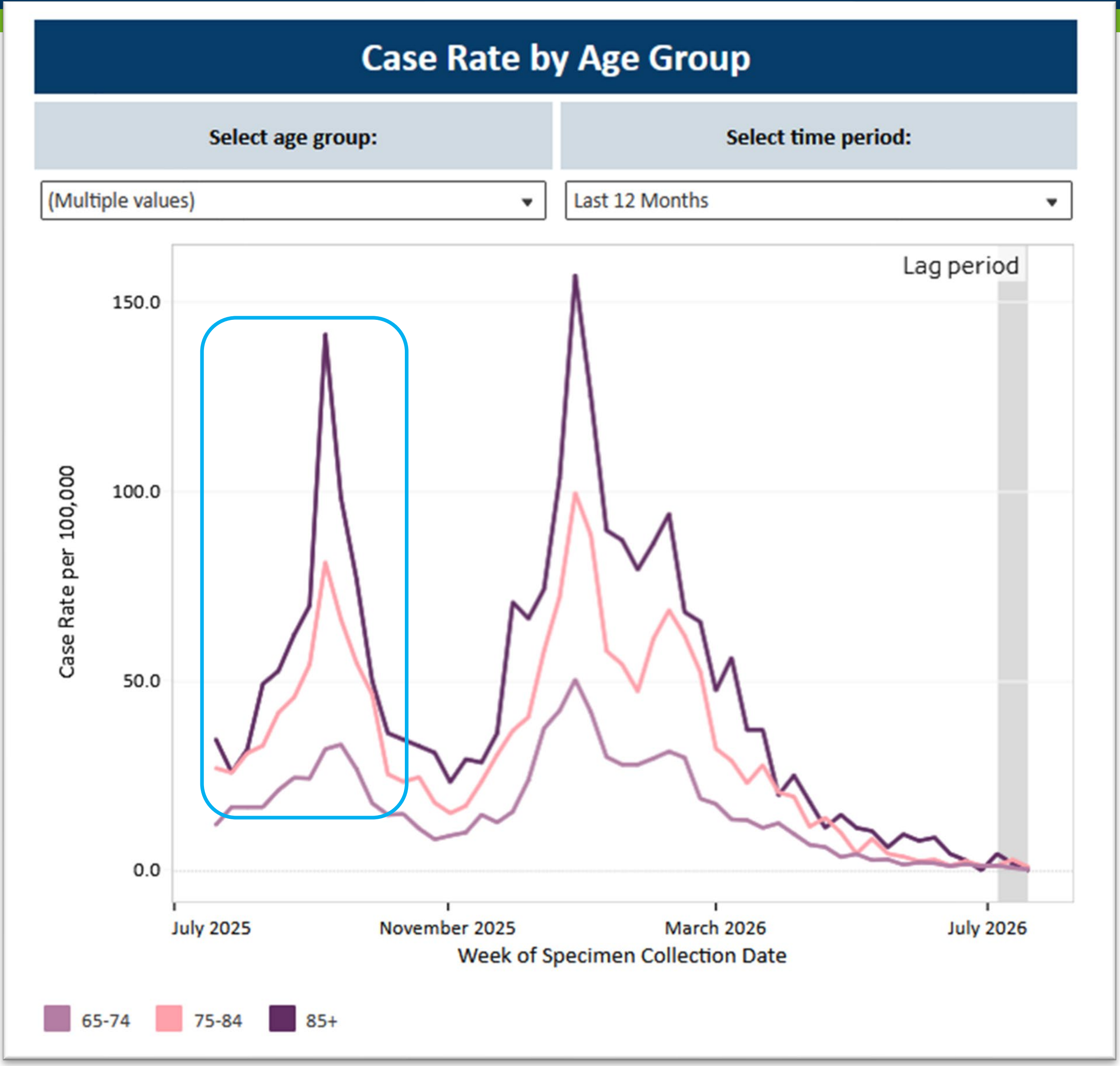
COVID-19 2nd dose reminder! - data

Now is the time

- Past trends of a summer surge in COVID-19 cases
- Receive 2026-27 vaccine this fall
- Minimum intervals:
  - 2 months between doses for Comirnaty, Spikevax and Nuvaxovid
  - 3 months between doses for mNexspike

For more information visit:

- Minnesota COVID-19 Vaccination Guide (PDF)
- Vaccine Recommendations and Access for Minnesotans
- Respiratory virus vaccines: Clinical guidance and resources
- Case and Variant Data COVID-19 Situation Update - MN Dept. of Health



RespSafe for 2026-27 respiratory season

RespSafe - MN Dept. of Health

- LTCF and hospital immunization improvement and recognition program
- Improve **staff's** flu and COVID-19 vaccination coverage
- Recognized for:
    - Implementation of best practice strategies
    - Strong encouragement of flu and COVID-19 vaccination
    - Achieving flu vaccination coverage rates

Check out the 2025-26 RespSafe winners!

All implemented strategies, strongly encouraged vaccine

Met the 80% coverage goal for flu

Met the 75% coverage goal for flu

Set goal to meet 75% coverage goal for flu

[RespSafe Facilities - MN Dept. of Health]

Gold

Pipestone County Medical Center and Family Clinic, Pipestone (Pipestone County)

Silver

Welia Health Mora Hospital, Mora (Kanabec County)

Bronze

Alomere Health, Alexandria (Douglas County)

Avera Marshall Regional Medical Center, Marshall (Lyon County)

Avera Morningside Heights Care Center, Marshall (Lyon County)

Ely-Bloomenson Community Hospital, Ely (St. Louis County)

Glencoe Regional Health - Glencoe Hospital, Glencoe (McLeod County)

Lake Region Healthcare, Fergus Falls (Otter Tail County)

Madison Healthcare Services Care Center, Madison (Lac qui Parle County)

Madison Healthcare Services Hospital, Madison (Lac qui Parle County)

RespSafe program (1/2)

What does participating entail?

- ✓ Register
- ✓ Implement at least two best practice strategies
- ✓ Track rates between Oct. 1 to Mar. 31
- ✓ Submit quick report

Start planning now!

- ✓ Strategies to improve staff vaccine coverage: Vaccinating Health Care Workers: Influenza and COVID-19 - MN Dept. of Health

RespSafe program (2/2)

- Currently analyzing survey results to improve program
- Open registration and any program changes will be communicated via:
  - Email to MN LTC facilities (DONs & IPs)
  - RespSafe webpage - enter email address at the bottom of the page to receive updates.
- Program questions can be sent to: health.respsafe.mdh@state.mn.us

Preparing for 2026-27 respiratory season vaccination

- Aug 12th MDH Infectious Disease LTC call
- Clinical vaccine questions: health.vaccineSME@state.mn.us

Citations | Complaints

Sarah Grebenc | Federal Executive Operations Manager

Top Tags Cited in 3rd Quarter

F550 Resident Rights	F628 Discharge Process	F880 Infection Control	F684 Quality of Care	F677 ADL Care for Dependent Residents
F656 Develop Care Plan	F812 Food Procurement	F689 Accidents/ Supervision	F657 Care Plan Revisions	F755 Pharmacy Services

Complaints 3rd Quarter FFY26

- **1537 Complaints** & **Facility Report Incidents** (FRI’s) received for nursing homes.
  - 701 Complaints
  - 836 FRI’s
- 124 were triaged as IJs for Nursing Homes.
- 25 IJ’s were identified in nursing homes.
  - 9 identified on recertification survey.
  - 16 identified on complaint investigations.

IJs cited in 3rd Quarter FFY26

F578 Formulate Advance Directive

F600 Free from Abuse

F684 Quality of Care

F689 Free from Accidents/Supervision

F698 Dialysis

F760 Significant Medication Errors

F803 Menus Meet Resident Needs and diet followed

F835 Administration

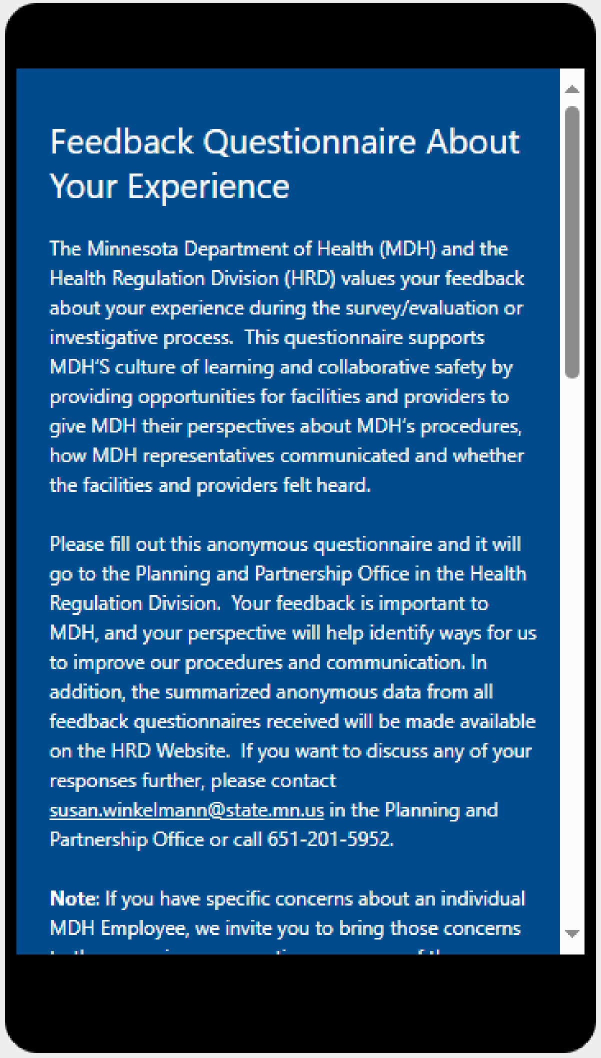
F880 Infection Control (K)

MDH updates

Sarah Grebenc | Federal Executive Operations Manager

Provider Feedback Questionnaire

- Thank you for continuing to complete HRD's Feedback Questionnaire!
  - Provided during recertification and complaint surveys on the Federal and State side.
  - Goal is to expand to other federal provider types.
- MDH uses the information to make improvements to our processes.



Feedback Questionnaire About Your Experience

The Minnesota Department of Health (MDH) and the Health Regulation Division (HRD) values your feedback about your experience during the survey/evaluation or investigative process. This questionnaire supports MDH'S culture of learning and collaborative safety by providing opportunities for facilities and providers to give MDH their perspectives about MDH's procedures, how MDH representatives communicated and whether the facilities and providers felt heard.

Please fill out this anonymous questionnaire and it will go to the Planning and Partnership Office in the Health Regulation Division. Your feedback is important to MDH, and your perspective will help identify ways for us to improve our procedures and communication. In addition, the summarized anonymous data from all feedback questionnaires received will be made available on the HRD Website. If you want to discuss any of your responses further, please contact susan.winkelmann@state.mn.us in the Planning and Partnership Office or call 651-201-5952.

Note: If you have specific concerns about an individual MDH Employee, we invite you to bring those concerns

QSO-26-12-NH

- [Payroll Based Journal (PBJ) Transition to iQIES | CMS]
- The Payroll-Based Journal (PBJ) system will transition into the Internet Quality Improvement & Evaluation System (iQIES) on August 17, 2026.
- Beginning August 17, 2026, all PBJ staffing data must be submitted through iQIES. Reporting requirements and quarterly deadlines will not change.
- Providers and vendors must act now to ensure access to iQIES before the transition date.
- Beginning August 17, 2026, users will be allowed to access and run PBJ reports in iQIES.

CMR and NHIR Portal updates

- Case Mix Review Portal
- Nursing Home Incident Reporting
- Will need to reset password

QSO-26-14-NH

- [Nursing Home Risk-Based Survey National Implementation | CMS]()
- Risk Based Survey (RBS): The RBS survey will be implemented nationwide beginning September 8, 2026.
- State Agency (SA) Training: CMS is providing SAs, and CMS locations information related to training and implementation to prepare for the RBS launch.
- High Performing Facility Icon: CMS will place an icon on Nursing Home Care Compare website identifying facilities that qualify for the RBS which indicates a higher level of performance.

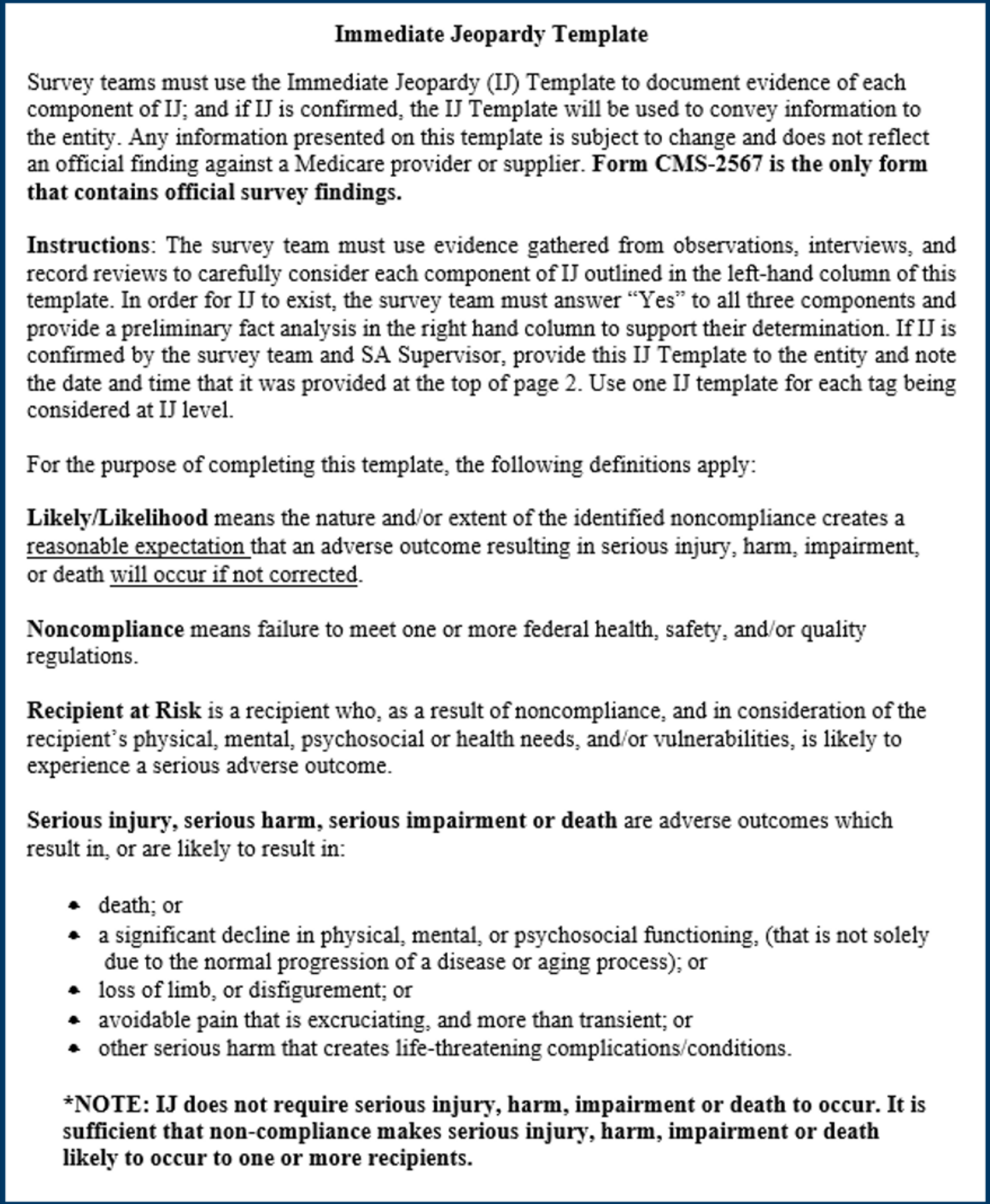
Common immediate jeopardy findings and how to effectively remove immediacy

Shannon Gilb| Federal Regional Operations Manager

Immediate Jeopardy Citations from 7/1/25 to 6/30/26

Description	Tag	Times Cited
Free of Accident Hazards/Supervision/Devices	689	36
Free from Abuse and Neglect	600	12
Residents free from Significant Med Errors	760	9
Quality of Care	684	8
Request/Refuse/Discont. TX/Formulate Advance Directive	578	5
Infection Prevention and Control	880	4
Menus Meet Res Needs/Followed	803	3
Investigate/Prevent/Correct Alleged Violation	610	3
Food in Form to Meet Individual Needs	805	2
Cardio-Pulmonary Resuscitation (CPR)	678	2
Administration	835	1
Therapeutic Diet Prescribed by Physician	808	1
Pharmacy Services/Procedures/Records	755	1
Competent Nursing Staff	426	1
Dialysis	698	1
Treatment/Services to Prevent/Heal Pressure Ulcers	686	1

Immediate Jeopardy Template (1/2)



Immediate Jeopardy Template

Survey teams must use the Immediate Jeopardy (IJ) Template to document evidence of each component of IJ; and if IJ is confirmed, the IJ Template will be used to convey information to the entity. Any information presented on this template is subject to change and does not reflect an official finding against a Medicare provider or supplier. **Form CMS-2567 is the only form that contains official survey findings.**

Instructions: The survey team must use evidence gathered from observations, interviews, and record reviews to carefully consider each component of IJ outlined in the left-hand column of this template. In order for IJ to exist, the survey team must answer "Yes" to all three components and provide a preliminary fact analysis in the right hand column to support their determination. If IJ is confirmed by the survey team and SA Supervisor, provide this IJ Template to the entity and note the date and time that it was provided at the top of page 2. Use one IJ template for each tag being considered at IJ level.

For the purpose of completing this template, the following definitions apply:

Likely/Likelihood means the nature and/or extent of the identified noncompliance creates a reasonable expectation that an adverse outcome resulting in serious injury, harm, impairment, or death will occur if not corrected.

Noncompliance means failure to meet one or more federal health, safety, and/or quality regulations.

Recipient at Risk is a recipient who, as a result of noncompliance, and in consideration of the recipient's physical, mental, psychosocial or health needs, and/or vulnerabilities, is likely to experience a serious adverse outcome.

Serious injury, serious harm, serious impairment or death are adverse outcomes which result in, or are likely to result in:

- death; or
- a significant decline in physical, mental, or psychosocial functioning, (that is not solely due to the normal progression of a disease or aging process); or
- loss of limb, or disfigurement; or
- avoidable pain that is excruciating, and more than transient; or
- other serious harm that creates life-threatening complications/conditions.

***NOTE: IJ does not require serious injury, harm, impairment or death to occur. It is sufficient that non-compliance makes serious injury, harm, impairment or death likely to occur to one or more recipients.**

Immediate Jeopardy Template (2/2)

Date/Time IJ Template provided to entity: --

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations? If yes, in the blank space, identify the tag and briefly summarize the issues that lead to the determination that the entity is in noncompliance with the identified requirement. This includes the action(s), error(s), or lack of action, and the extent of the noncompliance (for example, number of cases). Use one IJ template for each tag being considered at IJ level.	Yes/No	
AND		
Serious injury, serious harm, serious impairment or death: Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance? If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.	Yes/No	
AND		
Need for Immediate Action: Does the entity need to take immediate action to correct noncompliance that has caused or is likely to cause serious injury, serious harm, serious impairment, or death? If yes, in the blank space, briefly explain why.	Yes/No	

Disclaimer: The findings on this IJ Template are preliminary and do not represent an official finding against a Medicare provider or supplier. Form CMS-2567 is the only form that contains official survey findings.

Immediate Jeopardy Removal Plans

- Demonstrates that resident are no longer at risk for serious harm, injury, impairment, or death from the cited noncompliance.
- The plan is developed and submitted to the state agency immediately after the IJ is identified.
- Documents the immediate action the facility will take to prevent serious harm from occurring or recurring.
- Unlike a plan of correction, it is not necessary that the immediate removal plan completely correct all noncompliance associated with the IJ but rather ensure serious harm will not occur or recure.

IJ Removal Plan Components

- Identifies all immediate actions the facility will take.
- Must be on facility letterhead.
- Include a date that the facility asserts the likelihood for serious harm to any recipient no longer exists.
- Identify recipients who have or are likely to suffer the adverse outcome as a result of the noncompliance.
- Specify the action taken to alter the process or system failure to prevent occurrence or recurrence.
- Identify how the action will be completed and by whom.
- Signed by the individual who is responsible for the removal plan.

IJ Removal Plan Submitted

- Once the IJ is submitted and reviewed by the department, the department will either approve the removal plan or work with the facility for revisions.
- If approved, the surveyor will confirm the IJ has been removed by verification of the facility removal plan. This is completed by interviews, observations of staff and residents, and document review.
- The facility must be able to demonstrate removal plan was fully implemented and immediate action has been taken to prevent serious adverse outcomes from occurring or recurring.

Tips to Writing

- ✓ Be factual and concise
- ✓ Use bullet points with narratives for clarity
- ✓ Attach supporting documents
- ✓ Avoid defensiveness

Common Pitfalls to Avoid:

- Vague timelines (as soon as possible)
- Vague staff identification
- Future tense (will train staff)
- No proof
- Ignoring all at-risk recipients

F689 Deep Dive and Scenario

Over one third of immediate jeopardy citations in the last year were cited at F689 (36 total):

- Elopements = 13
- Falls from lifts = 12
- Repeat falls = 3
- Smoking related = 3
- Residents outside without supervision = 2
- Fall during transport, down stairwell, and failure to follow CP = 3

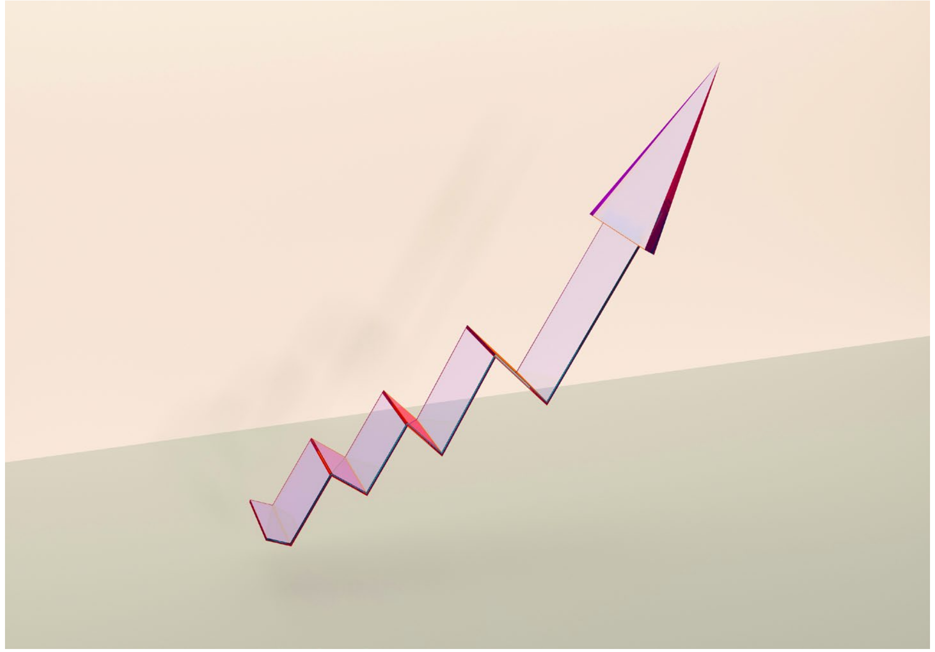
Elopement Scenario and Need for Immediate Action

The facility needs to immediately:

- Review and revise, as necessary, policies and procedures related to comprehensive assessment for residents at risk for elopement/wandering and providing adequate supervision.
- Educate staff to the above policies and procedures.
- Comprehensively reassess R1 and residents identified to be at risk for wandering/elopement.
- Review and revise care plans as appropriate for wandering interventions and supervision needs.

F600 Deep Dive and Scenario

- Upward trend in IJs cited at F600
- 12 IJs cited at F600
    - Resident to resident physical abuse = 2
    - Overall neglect of care and services = 1
    - Staff to resident abuse = 5
    - Resident to resident sexual abuse = 4



F760 Deep Dive and Scenario

- Upward trend in IJs cited at F760
- 9 IJs cited at F760
    - 7 began with transcription errors:
        - Usually accompanied by a rights of medication issue
        - Verification process breakdown
    - 1 insulin/facility protocol issue
    - 1 seizure medication unavailable

Quality Assurance and Performance Improvement (QAPI) and Quality Assessment and Assurance Review (QAA)

Theresa Gullingsrud | Federal Training Team

When is QAA/QAPI investigated?

- All Recertification Surveys
- Post Recertification Revisits
- Complaint Surveys – under certain conditions

Pathway

QAPI Program Policies & Procedures, Activities, Analysis and Action

Investigation of Identified Non-Compliance at the Systems Level

QAA Committee

QAPI Program, Plan, Disclosure, and Governance and Leadership

Investigation

Information Gathering

Interview the QA contact person

Review committee membership and meetings

Good Faith Attempts

This is more than just a subjective assertion by the facility that they have tried to fix a problem. The facility's actions *as a whole* must evidence a good faith attempt to identify and correct quality deficiencies.

Has the QAA committee had sufficient time through its monitoring systems to identify the issue and has there been a reasonable amount of time to respond to that issue?

Governance and Leadership

Must ensure QAPI program:

- Is defined, implemented and ongoing.
- Addresses identified priorities.
- Is sustained through transitions in leadership and staffing.
- Has adequate resources, including staff time, equipment and technical training as needed.
- Uses performance indicator data, resident and staff input and other information to identify and prioritize problems and opportunities.
- Implements corrective actions to address gaps in systems and evaluates actions for effectiveness.
- Establishes clear expectations around safety, quality, rights, choice and respect.

Regulation Overview

F865: For concerns related to whether a facility has implemented and maintains a comprehensive QAPI program and plan, disclosure of records and governance and leadership.

F867: For concerns related to how the facility obtains feedback, collects data, monitors adverse events, identifies areas for improvement, prioritizes improvement activities, implements corrective and preventive actions, and conducts performance improvement projects (PIPS).

F868: For concerns related to the composition of the QAA committee, frequency of meetings and reporting to the governing body.

Related Tags

F841: The facility must designate a physician to serve as medical director who is responsible for implementation of resident care policies and coordination of medical care in the facility.

F944: Training - A facility must include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program.

Citations

Tag	# of Citations
F865	8
F867	17
F868	11
F841	2*
F944	2

Questions?

Thank You!!!

Sarah Grebenc | Sarah.Grebenc@state.mn.us