CMS Manual System

Pub. 100-07 State Operations Provider Certification

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 231 **Date: July 9, 2025**

NOTE: Transmittal 229, of the State Operations Manual, Pub. 100-07 dated April 25, 2025, has been rescinded and replaced with Transmittal 231, dated July 9, 2025. The revisions are being made to implement technical changes. All other material in this instruction remains the same.

SUBJECT: Revisions to State Operations Manual (SOM), Appendix PP

I. SUMMARY OF CHANGES: Updated tags and guidance

NEW/REVISED MATERIAL - EFFECTIVE DATE: July 9, 2025
IMPLEMENTATION DATE: July 9, 2025

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)
(R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	F550/Potential Tags for Additional Investigation
R	F622/entire tag
R	F623/entire tag
R	F624/entire tag
R	F625/entire tag
R	F626/entire tag
R	F627/Guidance/§483.15(e)(1)(ii) Not Permitting Residents to Return/ Additionally, facilities must not treat situations….
R	F642/entire tag
R	F660/entire tag
R	F661/entire tag
R	F758/entire tag
R	F841/Guidance/Medical director responsibilities must include:

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	**Manual Instruction**
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

State Operations Manual
Appendix PP - Guidance to Surveyors for Long Term Care Facilities

Table of Contents

(Rev. 231; Issued: 07-09-25)

F550

(Rev. 231; Issued: 07-09-25; Effective: 07-09-25; Implementation: 07-09-25)

POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION

For deficiencies regarding lack of visual privacy for a resident while that resident is receiving treatment or ADL care from staff in the bedroom, bathroom, or bathing room, refer to §483.10(e), F583, Privacy and Confidentiality.

For deficiencies regarding a resident's lack of self-determination to make decisions about things that are important in his or her life, refer to §483.10(f)(1)-(3), (8), F561, Self-determination.

For deficiencies related to failure to keep residents' faces, hands, teeth, fingernails, hair, and clothing clean, refer to §483.24(a)(2), F677, Activities of Daily Living (ADLs).

If there are indications that a resident is in a secured/locked area without a clinical justification and/or placement is against the will of the resident, their family, and/or resident representative, review regulatory requirements at §483.12 and §483.12(a), F603, Involuntary Seclusion.

F622

(Rev. 231; Issued: 07-09-25; Effective: 07-09-25; Implementation: 07-09-25)

Note: Regulatory requirements for §483.15(c)(1), §483.15(c)(2), and §483.15(c)(2)(i)-(ii) have been relocated to F627, and the regulatory requirements for §483.15(c)(2)(iii) have been relocated to F628.

F623

(Rev. 231; Issued: 07-09-25; Effective: 07-09-25; Implementation: 07-09-25)

Note: Regulatory requirements §483.15(c)(3)-(6) and (8) have been relocated to F628.

F624

(Rev. 231; Issued: 07-09-25; Effective: 07-09-25; Implementation: 07-09-25)

Note: Regulatory requirements §483.15(c)(7) have been relocated to F627.

F625

(Rev. 231; Issued: 07-09-25; Effective: 07-09-25; Implementation: 07-09-25)

Note: Regulatory requirements §483.15(d)(1)-(2) have been relocated to F628.

F626

(Rev. 231; Issued: 07-09-25; Effective: 07-09-25; Implementation: 07-09-25)

Note: Regulatory requirements §483.15(e)(1)-(2) have been relocated to F627.

F627

(Rev. 231; Issued: 07-09-25; Effective: 07-09-25; Implementation: 07-09-25)

§483.15(e)(1)(ii) **Not Permitting Residents to Return**

Not permitting a resident to return following hospitalization or therapeutic leave constitutes a discharge and requires a facility to meet the requirements as outlined in §483.15(c)(1)(ii).

Because the facility was able to care for the resident prior to *the hospitalization or* therapeutic leave, documentation related to the basis for discharge must clearly show why the facility can no longer care for the resident.

If the facility does not permit a resident's return to the facility (i.e., discharge*s the resident*) based on inability to meet the resident's needs, documentation must be in accordance with requirements at §483.15(c)(2)(i)(B). The facility must notify the resident, his or her representative, and the LTC ombudsman in writing of the discharge, including notification of appeal rights. (§483.15(c)(3) and (5)(iv)) If the resident chooses to appeal the discharge, the facility must allow the resident to return to his or her room or an available bed in the nursing home during the appeal process, unless there is documented evidence that the resident's return would endanger the health or safety of the resident or other individuals in the facility.

If concerns arise regarding facility failure to permit a resident to return, review the medical record for evidence of whether a notice of transfer and discharge and notice of bed-hold were provided. Determine the basis for discharge and how the facility evaluated the resident. The surveyor may have to obtain hospital records for further investigation. Review any other documentation necessary to ascertain the extent to which the facility made efforts to enable the resident to return.

In cases where a facility did not allow a resident to return due to lack of an available bed, the surveyor should review facility admissions beginning with when the resident was ready to return to determine whether the facility held the resident's bed in accordance with its bed-hold policies, or, if the resident's stay outside of the facility exceeded the bed-hold period, whether there was an available bed at the time the resident sought return to the facility. If there was not an available bed at the time the resident sought return to the facility, the surveyor should determine whether or not the resident was allowed to return to the first available bed in a semi-private room.

When a facility alleges they cannot meet the resident's needs and does not allow a resident to

return, the surveyor should 1) investigate why the resident's needs cannot be met; and 2) review facility admissions to determine if residents with similar care needs have been admitted or permitted to remain, which could indicate the facility has the capability to meet the needs of the resident who is not being allowed to return and demonstrates noncompliance with this requirement**.**

Additionally, facilities must not treat situations where a resident goes on therapeutic leave and returns later than agreed upon, as a discharge. The resident must be permitted to return and be appropriately assessed for any ill-effects from being away from the facility longer than expected and provide any needed medications or treatments which were not administered because they were out of the building. If a resident has not returned from therapeutic leave as expected, the medical record should show evidence that the facility attempted to contact the resident and resident representative. The facility must not discharge *the resident* unless it has ascertained from the resident or resident representative that the *he or she* does not wish to return.

F642

(Rev. 231; Issued: 07-09-25; Effective: 07-09-25; Implementation: 07-09-25)

Note: Regulatory requirements §483.20(h)-(j) have been relocated to F641.

F660

(Rev. 231; Issued: 07-09-25; Effective: 07-09-25; Implementation: 07-09-25)

Note: Regulatory requirements §483.15(c)(1) have been relocated to F627.

F661

(Rev. 231; Issued: 07-09-25; Effective: 07-09-25; Implementation: 07-09-25)

Note: Regulatory requirements §483.21(c)(2)(i)-(iii) have been relocated to F628 and §483.21(c)(2)(iv) have been relocated to F627.

F758

(Rev. 231; Issued: 07-09-25; Effective: 07-09-25; Implementation: 07-09-25)

Note: Regulatory requirements for §483.45(c)(3), and §483.45(e)have been relocated to F605.

F841

(Rev. 231; Issued: 07-09-25; Effective: 07-09-25; Implementation: 07-09-25)

GUIDANCE

If the medical director does not hold a valid license to practice in the State where the nursing home is located refer to F839 - §483.70(e) Staff qualifications. The facility must designate a physician to serve as medical director (unless waived per §488.56(b) by CMS).

The facility must identify how the medical director will fulfill his/her responsibilities to effectively implement resident care policies and coordinate medical care for residents in the facility. This may be included in the medical director's job description or through a separate facility policy. Facilities and medical directors have flexibility on how all the duties will be performed. However, the facility must ensure *that* all responsibilities of the medical director are effectively performed, regardless of how the task is accomplished or the technology used, to ensure residents attain or maintain their highest practicable physical, mental, and psychosocial well-being. For example, some, but not all duties may be conducted remotely using various technologies (e.g., phone, email, fax, telehealth, etc., that is compliant with all confidentiality and privacy requirements).

It is important that the medical director's responsibilities require that he/she be knowledgeable about current professional standards of practice in caring for long term care residents, and about how to coordinate and oversee other practitioners.

If the medical director is also an attending physician, there should be a process to ensure there are no concerns with the individual's performance as a physician (i.e., otherwise, the medical director is monitoring his/her own performance). If there are concerns regarding his/her performance, the facility's administration should have a process for how to address these situations.

While medical directors who work for multi-facility organizations, such as corporate or regional offices, may be involved in policy development, the facility's individual policies must be based on the facility's unique environment and its resident's needs, and not based on a broad, multi-facility structure.

Although the medical director is not required to sign policies, the facility must be able to show that the development, review, and approval of resident care policies included his/her input.

Medical director responsibilities must include:

- *Implementation of resident care policies, such as ensuring physicians and other practitioners adhere to facility policies on diagnosing and prescribing medications and intervening with a health care practitioner regarding medical care that is inconsistent with current professional standards of care.*

- Participation in the Quality Assessment and Assurance (QAA) committee or assign a designee to represent him/her. (Refer to F86*8*).

- *Addressing i*ssues related to the coordination of medical care *and implementation of resident care policies identified* through the facility's quality assessment and assurance committee and other activities.

- *Active involvement in the process of conducting the facility assessment (Refer to F838).*