



**Bureau of Facility  
Standards  
Presentation  
IHCA 2026 Winter  
Conference**

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IDAHO DEPARTMENT OF  
HEALTH & WELFARE



# **Complaint Process & State Operations Manual Updates Chapter 5 and Chapter 7**

**February 11, 2026**

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IDAHO DEPARTMENT OF  
HEALTH & WELFARE



## Complaint and Facility Reported Incidents Priority Designation:

Immediate Jeopardy (IJ) – SA must initiate an onsite survey within 3 business days of receipt of the initial report.

Non IJ High – SA must initiate an onsite survey within an annual average of 15 business days of receipt of the initial report, not to exceed 18 business days.

Non IJ Medium – SA must initiate an onsite survey within 45 calendar days of receipt of the initial report.

Non IJ Low – On the next survey.



## Immediate Jeopardy

Intakes are assigned this priority if the alleged noncompliance indicates there was serious injury, harm, impairment or death of a patient or resident, or the likelihood for such, and there continues to be an immediate risk of serious injury, harm, impairment or death of a patient or resident unless immediate corrective action is taken. In addition, for nursing homes, facility-reported incidents are assigned this priority if immediate jeopardy may have occurred, regardless of whether an immediate risk may continue to exist.



Examples of intakes that are assigned this priority include, but are not limited to, the following:

- All intakes alleging abuse of a resident/patient/client that involve serious injury, harm, impairment, or death of a resident/patient/client or likelihood for such, and it is uncertain that they are adequately protected.
- For nursing homes, all intakes where a resident was discharged to an unsafe setting, or in a manner that place the resident at risk for serious harm (e.g. the resident still has medical needs, but they cannot be supported in the setting they were discharged to).



## Non IJ High

Intakes are assigned a “high” priority if the alleged noncompliance with one or more requirements may have caused harm that negatively impacts the individual’s mental, physical and/or psychosocial status and are of such consequence to the person’s well-being that a rapid response by the SA is indicated.



## Non IJ Medium

Complaints are assigned a “medium” priority if the alleged noncompliance with one or more requirements caused no actual physical and/or psychosocial harm but there is the potential for more than minimal harm to the resident.

Facility reported incidents are assigned a “medium” priority if the alleged noncompliance with one or more requirements caused no actual physical and/or psychosocial harm but there is the potential for more than minimal harm to the resident(s) (Severity Level 2) and the facility has not provided an adequate response to the allegation or it is not known whether the facility provided an adequate response.



## Non IJ Low

Nursing Homes Intakes are assigned a “low” priority if the alleged noncompliance with one or more requirements may have caused no actual harm with a potential for minimal harm.

In addition, facility-reported incidents are assigned a “low” priority if the alleged noncompliance with one or more requirements may have caused no actual physical and/or psychosocial harm but there is the potential for more than minimal harm to the resident and the facility has provided a potentially adequate response to the allegation.



## Administrative Review/Offsite Investigation

The SA conducts the review/offsite investigation and may confirm the findings at the next on-site survey.

Offsite investigations are rare and are not permitted unless approved in advance by CMS. For example, if a complaint is received related to arbitration agreements, prohibition on third party guarantee of payment, or prohibition on charges for services covered under Medicaid, CMS may approve an offsite review of these or other documents to assess compliance and cite noncompliance and require corrections, as necessary.



## Team Composition

Regulations at §488.314 require that SNF and NF initial and recertification surveys be conducted by a multidisciplinary team of professionals, at least one of whom must be a registered nurse.

Complaint investigations and on-site monitoring of compliance, including revisits, allow the use of a specialized investigative team that may include appropriate healthcare professionals as required to investigate the allegation or concern, but need not include a registered nurse.



## Long Term Care Survey Process (LTCSP) Procedure Guide Effective February 3, 2026

### Attachment A: Sample Size, Recommended Team Size, Initial Pool Size, and Active Intake Size

This table shows the following survey expectations based on facility census size: recommended number of surveyors, maximum number of active intake residents that can be included in the initial pool and sample, expected initial pool size, and sample size. Also see “Note on Survey Team Size” below the table.

Facility Census	Recommended # of Surveyors	Max # Active Intake Residents in IP and Sample	Initial Pool Size (approximate)	Sample Size #
1-8	2	5	All residents	All residents
9-15	2	5	All residents	8
16-19	2	5	16	8
20-48	2	5	16	12
49-52	3	6	24	13
53-56	3	6	24	14
57-61	3	7	24	15
62-65	3	7	24	16
66-69	3	7	24	17
70-90	3	8	24	18
91-95	3	8	24	19
96-100	4	9	32	20



## Photography During Survey

Surveyors may use photography as a tool, supplementing written documentation, to assure accurate and effective records of observations made during surveys with the intent to produce photographs that are relevant to possible deficiencies. However, without written documentation, photographs cannot stand alone.



Photographs may enhance findings of noncompliance by providing visual evidence of injury, scene, or other relevant components of a deficient practice. Photographs should not be included as part of the Form CMS-2567. Surveyors should only reference photographs in their surveyor notes and not in the statement of deficiencies.



## Surveys Must Be Unannounced

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 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.



## Off-Hour Surveys

At least 10 percent of standard health surveys must be conducted as off-hour surveys. These off-hour surveys are aimed at providing better insight into how a facility is staffed and operates outside of business hours, as well as reducing the predictability of when a survey will occur. Off-hour surveys begin either on the weekend or before 6:00 a.m. or after 5:00 p.m. on weekdays.

# Administrator – Need to Know

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## Federal Regulatory Groups for Long Term Care

\*Substandard Quality of Care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red

\*\* Tag to be cited by Federal Surveyors Only

F540	Definitions	483.12	Freedom from Abuse, Neglect, and Exploitation	483.24	Quality of Life
483.10	<b>Resident Rights</b>	F600	*Free from Abuse and Neglect	F675	*Quality of Life
F550	*Resident Rights/Exercise of Rights	F602	*Free from Misappropriation/Exploitation	F676	*Activities of Daily Living (ADLs)/ Maintain Abilities
F551	Rights Exercised by Representative	F603	*Free from Involuntary Seclusion	F677	*ADL Care Provided for Dependent Residents
F552	Right to be Informed/Make Treatment Decisions	F604	*Right to be Free from Physical Restraints	F678	*Cardio-Pulmonary Resuscitation (CPR)
F553	Right to Participate in Planning Care	F605	*Right to be Free from Chemical Restraints	F679	*Activities Meet Interest/Needs of Each Resident
F554	Resident Self-Admin Meds-Clinically Appropriate	F606	*Not Employ/Engage Staff with Adverse Actions	F680	*Qualifications of Activity Professional
F555	Right to Choose/Be Informed of Attending Physician	F607	*Develop/Implement Abuse/Neglect, etc. Policies	483.25	<b>Quality of Care</b>
F557	Respect, Dignity/Right to have Personal Property	F609	*Reporting of Alleged Violations	F684	Quality of Care
F558	*Reasonable Accommodations of Needs/Preferences	F610	*Investigate/Prevent/Correct Alleged Violation	F685	*Treatment/Devices to Maintain Hearing/Vision
F559	*Choose/Be Notified of Room/Roommate Change			F686	*Treatment/Svcs to Prevent/Heal Pressure Ulcers
F560	Right to Refuse Certain Transfers	483.15	<b>Admission, Transfer, and Discharge</b>	F687	*Foot Care
F561	*Self Determination	F620	Admissions Policy	F688	*Increase/Prevent Decrease in ROM/Mobility
F562	Immediate Access to Resident	F621	Equal Practices Regardless of Payment Source	F689	*Free of Accident Hazards/Supervision/Devices
F563	Right to Receive/Deny Visitors	F627	Inappropriate Discharges	F690	*Bowel/Bladder Incontinence, Catheter, UTI
F564	Inform of Visitation Rights/Equal Visitation Privileges	F628	Discharge Process	F691	*Colostomy, Urostomy, or Ileostomy Care
F565	*Resident/Family Group and Response			F692	*Nutrition/Hydration Status Maintenance
F566	Right to Perform Facility Services or Refuse			F693	*Tube Feeding Management/Restore Eating Skills
F567	Protection/Management of Personal Funds			F694	*Parenteral/IV Fluids
F568	Accounting and Records of Personal Funds	483.20	<b>Resident Assessments</b>	F695	*Respiratory/Tracheostomy care and Suctioning
F569	Notice and Conveyance of Personal Funds	F635	Admission Physician Orders for Immediate Care	F696	*Prostheses
F570	Surety Bond - Security of Personal Funds	F636	Comprehensive Assessments & Timing	F697	*Pain Management
F571	Limitations on Charges to Personal Funds	F637	Comprehensive Assmt After Significant Change	F698	*Dialysis
F572	Notice of Rights and Rules	F638	Quarterly Assessment At Least Every 3 Months	F699	*Trauma Informed Care
F573	Right to Access/Purchase Copies of Records	F639	Maintain 15 Months of Resident Assessments	F700	*Bedrails
F574	Required Notices and Contact Information	F640	Encoding/Transmitting Resident Assessment	483.30	<b>Physician Services</b>
F575	Required Postings	F641	Accuracy of Assessments	F710	Resident's Care Supervised by a Physician
F576	Right to Forms of Communication with Privacy	F644	Coordination of PASARR and Assessments	F711	Physician Visits- Review Care/Notes/Order
F577	Right to Survey Results/Advocate Agency Info	F645	PASARR Screening for MD & ID	F712	Physician Visits-Frequency/Timeliness/Alternate NPPs
F578	Request/Refuse/Discontinue Treatment;Formulate Adv Di	F646	MD/ID Significant Change Notification	F713	Physician for Emergency Care, Available 24 Hours
F579	Posting/Notice of Medicare/Medicaid on Admission			F714	Physician Delegation of Tasks to NPP
F580	Notify of Changes (Injury/Decline/Room, Etc.)	483.21	<b>Comprehensive Resident Centered Care Plan</b>	F715	Physician Delegation to Dietitian/Therapist
F582	Medicaid/Medicare Coverage/Liability Notice	F655	Baseline Care Plan	483.35	<b>Nursing Services</b>
F583	Personal Privacy/Confidentiality of Records	F656	Develop/Implement Comprehensive Care Plan	F725	Sufficient Nursing Staff
F584	*Safe/Clean/Comfortable/Homelike Environment	F657	Care Plan Timing and Revision	F726	Competent Nursing Staff
F585	Grievances	F658	Services Provided Meet Professional Standards	F727	RN 8 Hrs/7 days/Wk, Full Time DON
F586	Resident Contact with External Entities	F659	Qualified Persons	F728	Facility Hiring and Use of Nurse
				F729	Nurse Aide Registry Verification, Retraining
				F730	Nurse Aide Perform Review – 12Hr/Year In- service
				F731	Waiver-Licensed Nurses 24Hr/Day and RN Coverage
				F732	Posted Nurse Staffing Information

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<b>483.40</b>	<b>Behavioral Health</b>	F811	Feeding Asst -Training/Supervision/Resident	<b>483.90</b>	<b>Physical Environment</b>
F740	Behavioral Health Services	F812	Food Procurement, Store/Prepare/Serve - Sanitary	F906	Emergency Electrical Power System
F741	Sufficient/Competent Staff-Behav Health Needs	F813	Personal Food Policy	F907	Space and Equipment
F742	*Treatment/Svc for Mental/Psychosocial Concerns	F814	Dispose Garbage & Refuse Properly	F908	Essential Equipment, Safe Operating Condition
F743	*No Pattern of Behavioral Difficulties Unless Unavoidable	<b>483.65</b>	<b>Specialized Rehabilitative Services</b>	F909	Resident Bed
F744	*Treatment /Service for Dementia	F825	Provide/Obtain Specialized Rehab Services	F910	Resident Room
F745	*Provision of Medically Related Social Services	F826	Rehab Services- Physician Order/Qualified Person	F911	Bedroom Number of Residents
<b>483.45</b>	<b>Pharmacy Services</b>	<b>483.70</b>	<b>Administration</b>	F912	Bedrooms Measure at Least 80 Square Ft/Resident
F755	Pharmacy Svcs/Procedures/Pharmacist/ Records	F835	Administration	F913	Bedrooms Have Direct Access to Exit Corridor
F756	Drug Regimen Review, Report Irregular, Act On	F836	License/Comply w/Fed/State/Local Law/Prof Std	F914	Bedrooms Assure Full Visual Privacy
F757	*Drug Regimen is Free From Unnecessary Drugs	F837	Governing Body	F915	Resident Room Window
		F839	Staff Qualifications	F916	Resident Room Floor Above Grade
F759	*Free of Medication Error Rate sof 5% or More	F840	Use of Outside Resources	F917	Resident Room Bed/Furniture/Closet
F760	*Residents Are Free of Significant Med Errors	F841	Responsibilities of Medical Director	F918	Bedrooms Equipped/Near Lavatory/Toilet
F761	Label/Store Drugs & Biologicals	F842	Resident Records - Identifiable Information	F919	Resident Call System
<b>483.50</b>	<b>Laboratory, Radiology, and Other Diagnostic Services</b>	F843	Transfer Agreement	F920	Requirements for Dining and Activity Rooms
F770	Laboratory Services	F844	Disclosure of Ownership Requirements	F921	Safe/Functional/Sanitary/ Comfortable Environment
F771	Blood Blank and Transfusion Services	F845	Facility closure-Administrator	F922	Procedures to Ensure Water Availability
F772	Lab Services Not Provided On-Site	F846	Facility closure	F923	Ventilation
F773	Lab Svcs Physician Order/Notify of Results	F847	Enter into Binding Arbitration Agreements	F924	Corridors Have Firmly Secured Handrails
F774	Assist with Transport Arrangements to Lab Svcs	F848	Select Arbitrator/Venue, Retention of Agreements	F925	Maintains Effective Pest Control Program
F775	Lab Reports in Record-Lab Name/Address	F849	Hospice Services	F926	Smoking Policies
F776	Radiology/Other Diagnostic Services	F850	*Qualifications of Social Worker >120 Beds	<b>483.95</b>	<b>Training Requirements</b>
F777	Radiology/Diag. Svcs Ordered/Notify Results	F851	Payroll Based Journal	F940	Training Requirements - General
F778	Assist with Transport Arrangements to Radiology	<b>483.71</b>	<b>Facility Assessment</b>	F941	Communication Training
F779	X-Ray/Diagnostic Report in Record-Sign/Dated	F838	Facility Assessment	F942	Resident's Rights Training
<b>483.55</b>	<b>Dental Services</b>	<b>483.75</b>	<b>Quality Assurance and Performance Improvement</b>	F943	Abuse, Neglect, and Exploitation Training
F790	Routine/Emergency Dental Services in SNFs	F865	QAPI Program/Plan, Disclosure/Good Faith Attempt	F944	QAPI Training
F791	Routine/Emergency Dental Services in NFs	F867	QAPI/QAA Improvement Activities	F945	Infection Control Training
<b>483.60</b>	<b>Food and Nutrition Services</b>	F868	QAA Committee	F946	Compliance and Ethics Training
F800	Provided Diet Meets Needs of Each Resident	<b>483.80</b>	<b>Infection Control</b>	F947	Required In-Service Training for Nurse Aides
F801	Qualified Dietary Staff	F880	Infection Prevention & Control	F948	Training for Feeding Assistants
F802	Sufficient Dietary Support Personnel	F881	Antibiotic Stewardship Program	F949	Behavioral Health Training
F803	Menus Meet Res Needs/Prep in Advance/Followed	F882	Infection Preventionist Qualifications/Role		
F804	Nutritive Value/Appear, Palatable/Prefer Temp	F883	*Influenza and Pneumococcal Immunizations		
F805	Food in Form to Meet Individual Needs	F887	COVID-19 Immunization		
F806	Resident Allergies, Preferences and Substitutes				
F807	Drinks Avail to Meet Needs/P references/ Hydration				
F808	Therapeutic Diet Prescribed by Physician				
F809	Frequency of Meals/Snacks at Bedtime	<b>483.85</b>	<b>Compliance and Ethics Program</b>		
F810	Assistive Devices - Eating Equipment/Utensils	F895	Compliance and Ethics Program		



# **Top Ten Citations for 2025**

**February 11, 2026**  
**Donna Burrows LTC**  
**Supervisor**



IDAHO DEPARTMENT OF  
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**The assessment  
must accurately  
reflect the  
resident's  
status.**



**A comprehensive care plan must be:**

**Developed within 7 days after  
completion of the comprehensive  
assessment.**



- Prepared by an interdisciplinary team, that includes but is not limited to—
  - (A) The attending physician.
  - (B) A registered nurse with responsibility for the resident.
  - (C) A nurse aide with responsibility for the resident.
  - (D) A member of food and nutrition services staff.
  - (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan
  - (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.



**A comprehensive care plan must be:**

Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments



**Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents.**

**Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.**



## INTENT

To ensure facilities identify and provide needed care and services that are resident centered, in accordance with the resident's preferences, goals for care and professional standards of practice that will meet each resident's physical, mental, and psychosocial needs.



**The facility must ensure that -**

- The resident environment remains as free of accident hazards as is possible; and**
- Each resident receives adequate supervision and assistance devices to prevent accidents.**



## INTENT

The intent of this requirement is to ensure the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. This includes:

- Identifying hazard(s) and risk(s)
- Evaluating and analyzing hazard(s) and risk(s)
- Implementing interventions to reduce hazard(s) and risk(s); and
- Monitoring for effectiveness and modifying interventions when necessary.



The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.

## INTENT

The intent of this provision is that each resident receives necessary respiratory care and services that is in accordance with professional standards of practice, the resident's care plan, and the resident's choice.



**A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.**

**Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation**

**Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.**



**The facility must ensure that its  
Residents are free of any  
significant medication errors.**

**“Significant medication error”** means one which causes the resident discomfort or jeopardizes his or her health and safety.



## Storage of Drugs and Biologicals:

- The facility must store all drugs and biologicals in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys.
- The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.



The facility must –

Store, prepare, distribute and serve food in accordance with professional standards for food service safety.

## INTENT

To ensure that the facility:

- Follows proper sanitation and food handling practices to prevent the outbreak of foodborne illness. Safe food handling for the prevention of foodborne illnesses
- begins when food is received from the vendor and continues throughout the facility's food handling processes



- The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.
- Hand hygiene procedures to be followed by staff involved in direct resident contact.
- Linens: Personnel must handle, store, process, and transport linens to prevent the spread of infection.
- Standard and transmission-based precautions to be followed to prevent spread of infections



- **F656: The facility must develop and implement a comprehensive person-centered care plan for each resident, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.**
- **F550: The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.**
- **F578: The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.**
- **F600: Freedom from Abuse, Neglect, and Exploitation**