



# **Bureau of Facility Standards Updates**

**Nate Elkins, Chief,  
Bureau of Facility  
Standards**



IDAHO DEPARTMENT OF  
HEALTH & WELFARE



**Bureau Chief (State Agency Director) – Nate Elkins**

**Long Term Care Team - Michael Neubauer, Supervisor**

**Long Term Care Team-Idaho Falls Office – Donna Burrows, Supervisor**

**ICF/ID Program & CNA Registry – Melanie Shaw, Supervisor**

**NATCEP - Laura Thompson**

**Life Safety/EP Programs – Sam Burbank, Supervisor**

**ACC Programs – Dennis Kelly, Supervisor**

**Quality Improvement Director– Weslianne Lewis (interim)**



- 20 total Surveyors
  - 10 Long Term Care Surveyors (76% staffed)
  - 6 ACC Surveyors (100% staffed)
  - 2 ICF Surveyors (100%)
  - 2 FLS/EP Surveyors (100% staffed)
- LTC overdue surveys
  - First review March 2025 – 83.75% (67) of facilities completed, 16.25% (13) considered late
  - Second review June 2025 – 95% (76) of facilities will be completed, 5% (4) considered late
  - Third review October 2025 – 100% of facilities will have a current up to date survey.



Legislatures are now more involved with rules and statutes

The Department sent a bill “Streamlined Facilities and Inspection Act” sponsored by a Senator in legislation to eliminate state rule and codify everything into statute under CFR. This pertains to Nursing Homes, ICF/ID, Hospitals (Acute, CAH, Psychiatric, etc), Home Health and Hospice.

If this passes all licensure will mirror code of federal regulations.

It is still required by CFR for Nursing Homes, Hospitals, and ICF’s to be licensed in the state.



A hospital shall have and maintain Medicare certification through an accreditation organization recognized by CMS or receive a determination from the department that the hospital meets criteria in 42 CFR as related for operating a hospital

A Nursing Facility, or Intermediate Care Facility (ICF) shall have and maintain CMS certification

Any of the above facilities making an initial application for a license shall be issued a license if the department determines that all application information is acceptable, and the above facilities is at least in substantial compliance with CFR's

A license issued pursuant to this chapter shall remain in force until the license is voluntarily surrendered or the facility fails to meet CMS certification standards.



The department shall make or cause to be made such inspections and investigations as it deems necessary. Any licensee or applicant desiring to make specific types of alterations or additions to its facilities, shall before commencing alterations, additions, or new construction, submit plans and specification to the department for inspection and approval or recommendations with respect to compliance with regulations and standards in this chapter.

The department recognizes the most recent edition of the facility guidelines institute (FGI), guidelines for design and construction.



# **Long Term Care Program Updates**

**Michael Neubauer,  
Supervisor, Long Term Care  
Program**



IDAHO DEPARTMENT OF  
HEALTH & WELFARE



## Admission, Transfer and Discharge

Appendix PP Changes – **Effective February 2025**







## F620 Admission Agreement

- New guidance clarifying prohibited language in admission agreements that specifically requests or requires a third party to personally guarantee payment to the facility.
- Guidance includes examples of admission agreement language that would not be compliant.



## F622 – F626, F660 – F661

- F622 – Transfer and Discharge
- F623 – Notice Before Transfer
- F624 – Orientation for Transfer or Discharge
- F625 – Notice of Bed Hold and Return
- F626 – Permitting Residents to Return to Facility
- F660 – Discharge Planning Process
- F661 – Discharge Summary

**DELETED**



F622 – F626, F660 – F661

Reorganized requirements and guidance into 2 tags:

- F627: Inappropriate Transfer/Discharge
- F628: Transfer/Discharge Process



## F627 – Inappropriate Transfer/Discharge (New)

Guidance in F627 combines regulations and guidance previously found in:

- F622
- F624
- F626
- F660
- F661

Facility- and Resident-initiated language has been removed from the guidance.



## F628 – Transfer/Discharge Process (New)

F628 combines the regulations and guidance previously found in:

- F622
- F623
- F625
- F661

Facility- and Resident-initiated language has been removed from the guidance.



## Guidance Updates

Guidance updates have been made to the following tags:

- F757 – Unnecessary Medications
- F605 and F758 -- Chemical Restraints/Unnecessary Psychotropic Medications
- F641 and F642 – Accuracy/Coordination/Certification
- F658 – Professional Standards
- F841 – Medical Director



## F757: Unnecessary Medications

- F757 has been revised and reorganized to include guidance for unnecessary medications, excluding unnecessary psychotropic medications.



## F605: Chemical Restraints/ Unnecessary Psychotropic Medications

- The regulations and guidance at F758 have been incorporated into and will now be cited at F605.
- F758 has been removed from Appendix PP.
- This change will streamline the survey process and increase consistency and accuracy of citations.





F605

## Convenience!

Unnecessary medication administration that is not required to treat a resident's medical symptoms, and which causes symptoms consistent with sedation such as:

- Excessive sleeping
- Drowsiness
- Withdrawal
- Decreased activity



## F605: Severity Determination

Severity level 3 example:

A resident has an order for a PRN psychotropic medication that the resident can take for anxiety. However, staff regularly administer the PRN psychotropic medication to the resident with no documented indication but during an interview, staff explained the medication helps the resident sleep, so they've been giving it nightly even though the resident did not request it. Since receiving the medication, the resident has been sleeping through breakfast and has experienced significant weight loss.



## F605: Right to be Informed of Psychotropic Medication Use

- Prior to initiating or increasing a psychotropic medication, the resident must be informed of the benefits, risks, and alternatives for the medication.
- The resident has the right to accept or decline the initiation or increase of a psychotropic medication.



## F697: Pain Management

### Summary Of Changes

- Added CDC definitions for acute, chronic, and subacute pain
- Clinicians may consider prescribing immediate-release opioids instead of extended-release and long-acting opioids.
- Opioid treatment for pain needs to be appropriately assessed and individualized for each resident.



## Definitions Added

“Acute Pain” refers to pain that is usually sudden in onset and time-limited with a duration of less than 1 month and often is caused by injury, trauma, or medical treatments such as surgery.

“Chronic Pain” refers to pain that typically lasts greater than 3 months and can be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown cause.

“Subacute Pain” refers to pain that has been present for 1–3 months



## Infection Prevention & Control

Infection control guidance regarding Enhanced Barrier Precautions in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) released in CMS Memo QSO-24-08-NH on March 20, 2024, was incorporated into Appendix PP along with new deficiency examples.



## COVID-19 Immunization

Guidance related to requirements for facilities to educate residents or resident representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine and offer the vaccine released in CMS Memo QSO-21-19-NH on May 11, 2021, was incorporated into Appendix PP.



## Training Resources

Immediately following the release of this memorandum, CMS will post guidance training for nursing home surveyors and providers publicly in the Quality, Safety, and Education Portal (QSEP). This training will explain the revisions made to the guidance.

<https://qsep.cms.gov/welcome.aspx>





In an effort to improve child welfare outcomes in Idaho, the Department of Health and Welfare is pursuing the goal of doubling the rate of foster homes from 0.75 in May 2024 to 1.5 by June 2026.

Achieving this goal means that all departments within DHW are contributing to this effort, coming together to improve Idaho's foster care system.

But the department can't achieve this goal on its own. It will require the collective passion and commitment from businesses and citizens to provide a home for every child in need.



Are you considering fostering or have questions?

Call  
**2-1-1**





Many Idaho businesses are also contributing.

- Extending paid leave benefits for families to care for a foster child.
- Offering experience days for foster families- Fostering Future Broncos at BSU.
- Discounted events or foster family pass- fair tickets, parks pass.
- Fundraisers benefiting Idaho foster care efforts.

**Are you an Idaho employer that can offer paid time off for new foster parents or contribute to this goal? Let's talk. Email Laura Denner at [Laura.Denner@dhw.Idaho.gov](mailto:Laura.Denner@dhw.Idaho.gov)**