



# Office of Health Care Quality Nursing Home Updates

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## **OHCQ is Maryland's State Survey Agency**

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- Maryland Department of Health (MDH) has designated OHCQ as Maryland's state survey agency
- On behalf of the Centers for Medicare & Medicaid Services (CMS), OHCQ conducts certification activities and makes recommendations to CMS regarding certification

# Minimum Standards for Licensure and Certification

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- Social Security Act mandates the establishment of federal minimum health and safety standards that providers and suppliers must meet to participate in Medicare and Medicaid
- OHCQ conducts surveys and other activities to determine if a provider is in compliance or not in compliance with the minimum standards required to obtain and maintain State licensure and federal certification

# Functions of OHCQ

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- 1. State Licensure:** Issues licenses, authorizing the applicant to operate a certain type of business in the State
- 2. Federal Certification:** Recommends certifications to the Centers for Medicare & Medicaid Services (CMS), which allow a facility to participate in and seek reimbursement from the Medicare and Medicaid programs for services provided to beneficiaries



# Long Term Care Dashboard

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app.smartsheet.com/b/publish?EQBCT=df8f668cf6b64289b0b4d2fd9c0cf079


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Long Term Care (View Only) : smartsheet Report Abuse ?



MARYLAND DEPARTMENT OF HEALTH  
Office of Health Care Quality



Programs Consumers Patient Safety Grants Regulations Reports


**OHCQ** *Protecting the health and safety of Marylanders across the health care continuum*

Long Term Care

**Description**

A nursing home is a comprehensive care facility or extended care facility which offers nonacute inpatient care to residents who have a disease, chronic illness, condition, disability of advanced age, or terminal disease requiring maximal nursing care without continuous hospital services; and who require medical services and nursing services rendered by or under the supervision of a licensed nurse together with convalescent, restorative, or rehabilitative services. An extended care facility is a nursing home that offers sub-acute care and provides medical treatment services for residents who require inpatient care but who do not currently require continuous hospital services. A comprehensive care facility is a nursing home that admits residents requiring medical services and nursing services rendered by or under the supervision of a registered nurse, who are advanced in age or have a disease or a disability.

OHCQ is responsible for the oversight of nursing homes, including licensure, certification, and investigation of complaints.



**Maryland Regulations**


Regulations related to nursing homes are found in [COMAR 10.07.02](#) and [COMAR 10.07.09](#). To order copies of COMAR regulations, contact Tarshia Neal at the Maryland Division of State Documents at 410-260-3874 or [tarshia.neal@maryland.gov](mailto:tarshia.neal@maryland.gov). Regulations are also available at public libraries - [Find your nearest public library](#).

# Long Term Care Provider Resources

Long Term Care Provider Resources (View Only) :

smartsheet

Report Abuse Help



Programs

Consumers

Patient Safety

Grants

Regulations

Reports


OHCQ

Protecting the health and safety of Marylanders across the health care continuum

Long Term Care

**Provider Resources**  
[Director of Nursing Change of Information](#)  
[Administrator Change of Information](#)  
[Nursing Home Number of Bed Change Form](#)  
[Long Term Care Respiratory Care Unit Dashboard](#)  
[Long Term Care Dementia Care Unit Dashboard](#)  
[Nursing Home Compare](#)  
[CDC/NHSN Surveillance Definitions for Specific Types of Infections](#) The Centers for Disease Control and Prevention (CDC) and the National Healthcare Safety Network (NHSN) provide information on surveillance definitions.  
[OHCQ Diet Manual](#)

**MDS 3.0**  
[MDS 3.0 Resident Assessment and Care Screening](#)  
[MDS 3.0 Technical Information](#)  
[MDS 3.0 RAI User's Manual - Effective July 15, 2022](#)  
[MDS 3.0 QM User's Manual Version 15.0](#)  
[MDS 3.0 Helpdesk and Automation Coordinator](#) Phone: 410-402-8024  
Click on the link below to view previous MDS 3.0 updates.



**Facility Reported Incidents**  
The Nursing Home Self-Report Form was created for use by facilities to self-report alleged violations of neglect and abuse, including injuries of unknown source and misappropriation of resident property and funds.  
To report a Facility Reported Incident, please complete the [Facility Reported Incident Initial Report Form](#) and submit it using the [Nursing Home Initial Self-Report Form](#) (Please do not use this form to submit your Follow-up Report).

# Long Term Care- FY25 Priorities: Plan to address the Backlog

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- **Staffing/Training**
  - Since July 1, 2024 we have hired 30 new LTC surveyors
- **Improve efficiencies**
  - OHCQ has developed and implemented continued training for survey efficiency

# Long Term Care- FY25 Priorities: Plan to address the Backlog

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- **MDH subcontract with certified nurse surveyors**
  - OHCQ secured a contract with 2 external agencies to provide SMQT certified Health Facilities Surveyors
  - The contract has resulted in additional surveyors surveying the backlog of complaints



# LTC Unit: Program Statistics

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Units of Measurement	FY22	FY23	FY24	FY25*
Number of licensed nursing homes	225	225	222	220
Initial surveys	0	0	0	0
Annual full surveys	28	42	47	142
Follow-up surveys (onsite)	41	41	33	44
Follow-up surveys (offsite)	144	54	74	162
Complaints and facility reported incidents (FRI)	4,414	4,692	4,083	4,056
Life safety code surveys	82	132	153	306
Resident fund surveys	59	64	205	205

\*FY25 data is preliminary

# Long Term Care Top Ten Deficiencies

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## Top 10 Most Frequently LTC Deficiencies cited in FY 25

Tag	Description of Tag
F609	<b>Reporting of Alleged violations</b>
F842	<b>Resident Records</b>
F812	<b>Food Procurement, Store/Prepare/Serve- Sanitary</b>
F610	<b>Investigate/Prevent/Correct Alleged Violation</b>
F684	<b>Quality of Care</b>
F880	<b>Infection Prevention &amp; Control</b>
F657	<b>Care Plan Timing and Revision</b>
F656	<b>Develop/Implement Comprehensive Care Plan</b>
F689	<b>Free of Accident Hazards/Supervision/Devices</b>
F584	<b>Safe/Clean/Comfortable/Homelike Environment</b>

## Most Frequently cited IJ Deficiencies FY24 & FY25

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- 25 Immediate Jeopardy Citations FY24
  - F689- Free of Accidents Hazards/Supervision/Devices
    - Related to elopements and safe smoking practices
  - F600- Free from Abuse and Neglect
- 27 Immediate Jeopardy Citations FY25
  - F689 and F600

# CFR §483.70(g) Medical director (F841)

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# F841- Medical Director

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- §483.70(g) Medical director.
- §483.70(g)(1) The facility must designate a physician to serve as medical director.
- §483.70(g)(2) The medical director is responsible for—
  - (i) Implementation of resident care policies; and
  - (ii) The coordination of medical care in the facility.

# F841- Medical Director- Definition

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**“Medical director”** *refers to* a physician who oversees the medical care and other designated care and services in a health care organization or facility. Under these regulations, the medical director is responsible for coordinating medical care and helping to implement and evaluate resident care policies that reflect current professional standards of practice.

# F841- Medical Director- Responsibilities

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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.

## F841- Medical Director- Responsibilities (cont.)

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- *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.
- Addressing issues 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*

# F841- Medical Director- Responsibilities (cont.)

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- Administrative decisions including recommending, developing and approving facility policies related to resident care. Resident care includes the resident's physical, mental and psychosocial well-being
- Ensuring the appropriateness and quality of medical care and medically related care
- Assisting in the development of educational programs for facility staff and other professionals
- Working with the facility's clinical team to provide surveillance and develop policies to prevent the potential infection of residents.



# F841- Medical Director- Responsibilities (cont.)

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- *Administrative decisions including recommending, developing and approving facility policies related to resident care. Resident care includes the resident's physical, mental and psychosocial well-being*
- Ensuring the appropriateness and quality of medical care and medically related care
- Assisting in the development of educational programs for facility staff and other professionals
- Working with the facility's clinical team to provide surveillance and develop policies to prevent the potential infection of residents.

# F841- Medical Director- Responsibilities (cont.)

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- Cooperating with facility staff to establish policies for assuring that the rights of individuals (residents, staff members, and community members) are respected;
- Supporting and promoting person-directed care such as the formation of advance directives, end-of-life care, and provisions that enhance resident decision making, including choice regarding medical care options;
- Identifying performance expectations and facilitating feedback to physicians and other health care practitioners regarding their performance and practices;

## F841- Medical Director- Responsibilities (cont.)

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- Discussing and intervening (as appropriate) with a health care practitioner regarding medical care that is inconsistent with current standards of care, *for example, physicians assigning new psychiatric diagnoses and/or prescribing psychotropic medications without following professional standards of practice*
- Assisting in developing systems to monitor the performance of the health care practitioners including mechanisms for communicating and resolving issues related to medical care and ensuring that other licensed practitioners (e.g., nurse practitioners) who may perform physician-delegated tasks act within the regulatory requirements and within the scope of practice as defined by State law.

# F841- Medical Director

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## What are surveyors looking for?

If a deficiency has been identified regarding a resident's care, also determine if the medical director had knowledge or should have had knowledge of a problem with care, or physician services, or lack of resident care policies and practices that meet current professional standards of practice and failed:

- To get involved or to intercede with other physicians or practitioners to facilitate and/or coordinate medical care; and/or
- To provide guidance for resident care policies.

# F841- Medical Director- Noncompliance

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- Designate a physician to serve as medical director; or
- Ensure the medical director fulfilled his/her responsibility for the implementation of resident care policies or the coordination of medical care in the facility.



# F841- Medical Director- Noncompliance Level 4

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- The facility's medical director was aware of and did not intervene when a health care practitioner continued over several months to provide inappropriate medical care for infection prevention to a resident that was inconsistent with current professional standards of care. As a result this resident's health continued to decline, and was hospitalized with a severe infection.

# F841- Medical Director- Noncompliance Level 3

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- The Director of Nursing repeatedly requested the medical director's assistance in coordinating medical care with attending physicians for residents receiving psychotropic medications. In particular there were several physicians who had a known history of failing to provide justification for continued use of these medications and not attempting a gradual dose reduction for the residents under his/her care. As a result of the medical director's failure to intervene, several residents continued to receive these medications without medical/clinical justification. Due to the continuation of the use of these psychotropic medications, the residents withdrew from activities and from eating in the dining room. This caused decreased appetite and substantial weight loss for several residents. Actual harm, both physical and psychosocial was indicated.

## F841- Medical Director- Noncompliance Level 2

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- The medical director, who is responsible for overseeing the medical care in the facility, was made aware of residents newly diagnosed with schizophrenia by their physician and/or other practitioner and their medical records did not contain documentation to support the new diagnoses. The medical director did not review the medical records for these residents nor did he/she discuss the new diagnoses with the residents' physician and/or diagnosing practitioner. This practice resulted in residents being potentially misdiagnosed with schizophrenia and receiving antipsychotic medications. None of the residents experienced harm, but they were at risk for harm by receiving treatment, including antipsychotic medications, when they may not have been clinically indicated

# References

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- State Operations Manual (SOM) Appendix PP
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984>

# Contact Information

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