Q1

2026 QUARTERLY GUIDE

FTAG FOCUS

stay fine free

Top 5 deficiencies and steps facilities can take to comply.

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INTRODUCTION

In evaluating the survey history for the first quarter of 2026, we found that the deficiencies included in this guide have changed a little, with F761 Label/Store Drugs and Biologicals moving into 5th highest-issued deficiency in the first quarter. Based on the data, facilities last quarter received the most deficiencies in these five areas due to non-compliance nationwide.

1. **F880 Infection Prevention & Control**
2. **F689 Free of Accident Hazards/Supervision/Devices**
3. **F812 Food Procurement, Store/Prepare/Serve – Sanitary**
4. **F684 Quality of Care**
5. **F761 Label/Store Drugs and Biologicals**

In this guide, you'll find a Compliance Cue for each of these tags based on the SOM Appendix PP and current survey tools. These documents examine each regulation and requirement, share what surveys are looking for, and provide key opportunities to review and prepare for survey as well as available resources.

With survey outcomes high on the priority list of providers, we hope this latest FTag Focus offers valuable information to assist your facility in preventing and/or recovering from survey deficiencies and sustaining changes that will help you stay ahead of FTags and fines.

BACKGROUND

F880 of the CMS State Operations Manual Appendix PP provides guidance to Long Term Care Facility surveyors regarding infection control. 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.

REQUIREMENTS

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

- A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;
- Written standards, policies, and procedures for the program, which must include, but are not limited to:
  - A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
  - When and to whom possible incidents of communicable disease or infections should be reported;
  - Standard and transmission-based precautions to be followed to prevent spread of infections;
  - When and how isolation should be used for a resident, including but not limited to:
    A. The type and duration of the isolation, depending upon the infectious agent or organism involved, and
    B. A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
  - The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
  - The hand hygiene procedures to be followed by staff involved in direct resident contact.
- A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.
- Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.
- The facility must conduct an annual review of its IPCP and update their program, as necessary.

KEY QUESTIONS FOR SURVEYORS

- ☐ Did the staff implement appropriate standard (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment) and transmission-based precautions (if applicable)?
- ☐ Does the facility have an Infection Prevention & Control Plan (IPCP) including standards, policies, and procedures that are current, based on national standards, and reviewed at least annually?
- ☐ Did the facility provide appropriate infection surveillance?
- ☐ Did the facility have measures to prevent the growth of Legionella and other opportunistic waterborne pathogens in building water systems?
- ☐ Did the facility store, handle, transport, and process linens properly?

KEYS TO COMPLIANCE

1. IPCP
   - Establish a facility-wide IPCP, including written IPCP standards, policies, and procedures that are current and based on the facility assessment [according to §483.70(e)] and national standards (e.g., for undiagnosed respiratory illness and COVID-19).
   - Ensure your policies or procedures include which communicable diseases are reportable to local and/or state public health authorities. The facility has a current list of reportable communicable diseases.
   - Train staff (e.g., infection preventionist) to identify and describe the communication protocol with local/state public health officials (e.g., to whom and when communicable diseases, healthcare-associated infections (as appropriate), and potential outbreaks must be reported).
   - Be sure to review the policies and procedures at least annually.

2. Infection Surveillance:
   - Establish policies and procedures that prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit disease. It should include that staff are excluded from work according to national standards.
   - Establish/implement a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring, and/or reporting of infections, communicable diseases and outbreaks among residents and staff. Practice interviewing staff and review the surveillance plan with them to ensure they know how to monitor residents to identify possible infections and communicable diseases.

3. **Water Management:**
    - Conduct an assessment (e.g., description of the building water systems using text and flow diagrams) to determine where Legionella and other opportunistic waterborne pathogens can grow and spread;
    - Implement measures to prevent the growth of Legionella and other opportunistic waterborne pathogens in building water systems that is based on nationally accepted standards (e.g., ASHRAE, CDC, U.S. Environmental Protection Agency or EPA). For example, control measures can include visible inspections, disinfectant, temperature control (that may require mixing valves to prevent scalding); and
    - Create a way to monitor the measures you have in place (e.g., testing protocols, acceptable ranges), and establish ways to intervene when control limits are not met.

4. **Monitor your infection prevention log for residents with legionellosis on a continuous basis.** Compare any cases found with the audits done in your water management plan to see if there is a connection between an unmet control measure and the infection. Ensure all appropriate steps were taken to react to the unmet control measure.

5. **Laundry Services**
    1. Ensure your staff handle, store, and transport linens appropriately, including, but not limited to:
        - Using standard precautions (e.g., gloves, gowns when sorting and rinsing) and minimal agitation for contaminated linen;
        - Holding contaminated linen and laundry bags away from their clothing/body during transport;
        - Bagging/containing contaminated linen where collected, and sorted/rinsed only in the contaminated laundry area (double bagging of linen is only recommended if the outside of the bag is visibly contaminated or is observed to be wet on the outside of the bag);
        - Transporting contaminated and clean linens in separate carts; if this is not possible, the contaminated linen cart should be thoroughly cleaned and disinfected per facility protocol before being used to move clean linens. Clean linens are transported by methods that ensure cleanliness, (e.g., protect from dust and soil); and
        - If a laundry chute is in use, laundry bags are closed with no loose items.

STEPS TO FACILITY COMPLIANCE

- ✓ Review and update the following policies and procedures on a regular basis:
  - Standard and transmission-based precautions
  - Infection Prevention and Control Program (IPCP) standards, policies, and procedures
  - Infection surveillance
  - Water management
  - Laundry services
- ✓ Initiate audits in all of these areas to ensure P&P are being followed.
- ✓ Audit training of staff to ensure all have been trained.
- ✓ Utilize the Infection Prevention, Control & Immunizations Critical Element Pathway: Form CMS 20054 (6/2023).

HOW NADONA CAN HELP

- ✓ Check out our website: www.nadona.org.
- ✓ Members have access to our tool kits for infection prevention and survey.
- ✓ Call us and we can assist you at **513-791-3679.**

COMPLIANCE CUE
Free of Accident Hazards/ Supervision/Devices

F689

BACKGROUND

F689 of the CMS State Operations Manual Appendix PP provides guidance to Long Term Care Facility surveyors regarding accidents; to 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.

REQUIREMENTS

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.

Areas to note:

- Wandering and Elopement
- Smoking/Use of Electronic Cigarettes
- Resident-to-Resident Altercations
- Entrapment/Safety
- Falls
- Environmental Hazards

KEY QUESTIONS FOR SURVEYORS

- ☐ Did the facility Identify and eliminate all known and foreseeable accident hazards in the resident's environment, to the extent possible?
- ☐ Did the facility, to the extent possible, reduce the risk of all known or foreseeable accident hazards that cannot be eliminated?
- ☐ Did the facility provide appropriate and sufficient supervision to each resident to prevent an avoidable accident?
- ☐ Did the facility provide assistance devices necessary to prevent an avoidable accident from occurring?

COMPLIANCE CUE
Free of Accident Hazards/ Supervision/Devices

F689

KEYS TO COMPLIANCE

This tag is fairly encompassing and is cited with several other deficiencies to improve compliance.

1. Ensure routine (quarterly) assessments for the following areas are completed on each appropriate resident:
    - Smoking/Use of Electronic Cigarettes
    - Resident-to-Resident Altercations
    - Entrapment/Safety
    - Falls
    - Environmental Hazards
    - Wandering and Elopement
2. Create care plans for each potential issue with appropriate care plan interventions.
3. Do rounds on residents to see if devices and care plan interventions are being utilized.
4. Complete environmental rounds to determine if hazards exist throughout the facility.
5. Utilize the Accidents Critical Element Pathway: Form CMS 20127 (10/2023).

STEPS TO FACILITY COMPLIANCE

- ✓ Review policies and procedures on the topics listed above on a regular basis.
- ✓ Do thorough investigations if any of the opportunities above in #1 occur.
- ✓ Review care plans and determine if interventions were applied appropriately and timely.
- ✓ Determine if potential non-compliance was identified and complete a plan of correction immediately.

HOW NADONA CAN HELP

- ✓ Check out our website: www.nadona.org.
- ✓ Members have access to our tool kits for infection prevention and survey.
- ✓ Call us and we can assist you at **513-791-3679.**

COMPLIANCE CUE
Food Procurement, Store/ Prepare/Serve – Sanitary

F812

BACKGROUND

F812 of the CMS State Operations Manual Appendix PP provides guidance to Long Term Care Facility surveyors regarding procurement of food from sources approved or considered satisfactory by federal, state, or local authorities, and the storage, preparation, distribution, and serving of food in accordance with professional standards for food service safety.

REQUIREMENTS

The facility must ensure that it:

- Obtains food for resident consumption from sources approved or considered satisfactory by federal, state, or local authorities;
- 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; and,
- Ensures food safety is maintained when implementing various culture change initiatives such as when serving buffet style from a portable steam table or during a potluck.

KEY QUESTIONS FOR SURVEYORS

- ☐ During the initial brief tour and follow-up visits to the kitchen, are foods stored and/or prepared under sanitary conditions?
- ☐ During the initial brief tour and follow-up visits to the kitchen, does the facility store, prepare, distribute, and serve food in a manner that prevents foodborne illness to the residents?
- ☐ Is the food stored at the appropriate temperatures?
- ☐ Was food procured from approved or satisfactory sources and was food stored, prepared, distributed, and served in accordance with professional standards for food service safety?
- ☐ Were dishes and utensils cleaned and stored under sanitary conditions?
- ☐ Are snack/nourishment refrigerators on the unit maintained with the proper temperature and food items dated and labeled so as to prevent the potential for foodborne illness?

COMPLIANCE CUE
Food Procurement, Store/ Prepare/Serve – Sanitary

F812

KEYS TO COMPLIANCE

1. **Complete kitchen tours by departments other than dietary and check these items:**
   - Potentially hazardous foods, such as beef, chicken, pork, etc., have not been left to thaw at room temperature.
   - Food items in the refrigerator(s) are labeled or dated.
   - Potentially hazardous foods such as uncooked meat, poultry, fish, and eggs are stored separately from other foods (e.g., meat is thawing so that juices are not dripping on other foods).
   - Hand washing facilities with soap and water are separate from those used for food preparation.
   - Staff are practicing appropriate hand hygiene and glove use when necessary during food preparation activities, such as between handling raw meat and other foods, to prevent cross-contamination.
   - Cracked or unpasteurized eggs are not used in foods that are not fully cooked (per observation or interview).
   - Food is prepared, cooked, or stored under appropriate temperatures and with safe food handling techniques.
   - Staff are employing hygienic practices (e.g., not touching hair or face without hand washing) and then handling food.
   - Facility staff are wearing hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food, per current Food Code requirements.
2. **Check temperatures:**
   - Refrigerator temperatures at or below 41 degrees Fahrenheit (°F) (check temperatures between meal service activities to allow for stable temperatures).
   - Freezer temperatures maintained at a level to keep frozen food solid.
   - Internal temperatures of 41°F or lower for potentially hazardous, refrigerated foods (e.g., meat, fish, milk, egg, poultry dishes) that are not within acceptable ranges.
3. **Check food storage for:**
   - Frozen foods are thawing at the correct temperature.
   - Foods in the refrigerator/freezer are covered, dated, and shelved to allow circulation.
   - Foods are stored away from soiled surfaces or rust.
   - Canned goods have an uncompromised seal (e.g., no punctures).
   - Staff are only using clean utensils when accessing bulk foods and/or ice.

COMPLIANCE CUE
Food Procurement, Store/ Prepare/Serve – Sanitary

F812

- Containers of food are stored off the floor, on surfaces that are clean or protected from contamination (e.g., 6 inches above the floor, protected from splash).
- There are no signs of water damage from sewage lines and/or pipelines.
- There are no signs of negative outcome (e.g., freezer burn, foods dried out, foods with a change in color).
- Raw meat is stored so that juices are not dripping onto other foods.
- Food products are discarded on or before the expiration date.
- Staff are following the facility's policy for food storage, including leftovers.

STEPS TO FACILITY COMPLIANCE

- ✓ Check policies and procedures for food storage and distribution routinely to ensure they are current and accurate.
- ✓ Interview staff to identify if they are knowledgeable regarding temperatures and storage.
- ✓ Check employee files to ensure that training has been completed.
- ✓ Utilize the Kitchen and Food Service Critical Element Pathway: Form CMS 20055 (10/2022).

HOW NADONA CAN HELP

- ✓ Check out our website: www.nadona.org.
- ✓ Members have access to tool kits for surveys.
- ✓ Call us and we can assist you at **513-791-3679**.

COMPLIANCE CUE
Quality of Care
F684

BACKGROUND

F684 of the CMS State Operations Manual Appendix PP provides guidance to Long Term Care Facility surveyors regarding quality of care. Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents.

REQUIREMENTS

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, including but not limited to the following: 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.

There are many tags besides F684 that deal with more specific issues of quality of care. See the "List of Revised FTags" under Survey Resources.

KEY QUESTIONS FOR SURVEYORS

- ☐ Does staff consistently implement the care-planned interventions?
- ☐ What is the resident's response to interventions?
- ☐ How does staff validate the effectiveness of current interventions?
- ☐ Does the facility ensure interventions adhere to professional standards of practice?
- ☐ Do observations of the resident match the assessment?
- ☐ If residents are grouped in separate wings or floors for reasons other than care needs, is the quality of care is different between the different wings/floors?
- ☐ Do factors other than medical and nursing needs affect where residents are placed?
- ☐ Were there any changes to care or services when their payor source changed? For example, did they notice fewer staff available to meet their needs when their payor source was due to change or had changed?
- ☐ Were the residents asked to move or were they moved to a different location in the building when their payor source changed?
- ☐ Did the facility ensure that the resident received treatment and care in accordance with professional standards of practice, their comprehensive, person-centered care plan, and the resident's choice?

COMPLIANCE CUE
Quality of Care
F684

KEYS TO COMPLIANCE

- Audit the care plans to ensure that all residents, regardless of payer source, are receiving the level of care required for their medical, psychosocial, and physical well being.
- Interview staff and residents using the surveyor interview tool to find out if there are any issues.

STEPS TO FACILITY COMPLIANCE

1. Review your policies and procedures for informing residents of transfers, room changes, and new roommates.
2. Be sure you have the most current letters and forms.
3. Identify through mock surveys, care conferences, rounds, and interviews any concerns regarding quality of care or perceived changes in care being provided.
4. Include discussion regarding quality of care issues at QAPI.
5. Establish priorities for performance improvement activities that focus on resident safety, health outcomes, autonomy, choice, and quality of care, as well as high risk, high-volume, and/or problem-prone areas. When determining priorities, the facility must also consider the incidence, prevalence and severity of problems or potential problems identified.
6. Utilize the General Critical Pathway Critical Element Pathway Form CMS 20072 (2/2017) as well as Hospice/End of Life form CMS 20073 (5/2017) under Survey Resources.

HOW NADONA CAN HELP

- ✓ Check out our website: www.nadona.org.
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COMPLIANCE CUE
Label/Store Drugs and Biologicals
F761

BACKGROUND

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

1. In accordance with State and Federal laws, 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.
2. 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.
3. The intent of this requirement is that the facility, in coordination with the licensed pharmacist, provides for:
   - Accurate labeling to facilitate consideration of precautions and safe administration, of medications;
   - Safe and secure storage (including proper temperature controls, appropriate humidity and light controls, limited access, and mechanisms to minimize loss or diversion) of all medication

KEY QUESTIONS FOR SURVEYORS

- Do the medication labels at a minimum include the medication name (generic and/or brand), prescribed dose, strength, the expiration date when applicable, the resident's name, and route of administration?
- Are the medications labeled with or accompanied by appropriate instructions and precautions (such as shake well, take with meals, do not crush, special storage instructions)?
- Are the medications designed for multiple administrations (e.g., inhalers, eye drops), have labels that identify the specific resident for whom it was prescribed?
- For over the counter (OTC) medications in bulk containers (e.g., in states that permit bulk OTC medications to be stocked in the facility), does the label contain the original manufacturer's or pharmacy-applied label indicating the medication name, strength, quantity, accessory instructions, lot number, and expiration date when applicable?

- Does the facility ensure that medication labeling in response to order changes is accurate and consistent with applicable state requirements?
- Does the facility staff, to minimize contamination, date the label of any multi-use vial when the vial is first accessed and access the vial in a dedicated medication preparation area?
- If a multi-dose vial has been opened or accessed (e.g., needle-punctured), is the vial dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial?
- If a multi-dose vial has not been opened or accessed (e.g., needle-punctured), is it discarded according to the manufacturer's expiration date?
- Does the facility secure all medications in a locked storage area and limit access to authorized personnel (for example, pharmacy technicians or assistants who have been delegated access to medications by the facility's pharmacist as a function of their jobs) consistent with state or federal requirements and professional standards of practice?
- Does the facility have a system to limit who has security access and when access is used?
- Has the facility implemented procedures that address and monitor the safe storage and handling of medications in accordance with manufacturers' specifications, State requirements and standards of practice (e.g., United States Pharmacopeia (USP) standards). i.e. exposure to improper temperature, light, or humidity?
- Did the facility appropriately label and store drugs and biologicals in accordance with currently accepted professional principles?

KEYS TO COMPLIANCE

- Ensure that all drugs and biologicals used in the facility are labeled in accordance with professional standards, including expiration dates and with appropriate accessory and cautionary instructions;
- Store all drugs and biologicals in locked compartments, including the storage of schedule II-V medications in separately locked, permanently affixed compartments, permitting only authorized personnel to have access except when the facility uses single unit medication distribution systems in which the quantity stored is minimal and a missing dose can be readily detected,
- Store medications at proper temperatures and other appropriate environmental controls to preserve their integrity.

COMPLIANCE CUE
Label/Store Drugs and Biologicals

F761

STEPS TO FACILITY COMPLIANCE

- Establish medication storage audits, using pharmacy consultants if possible, to get fresh perspective on storage areas.
- Do medication administration audits to ensure that medications are stored in appropriate areas and used for the specified resident.
- Establish a system to ensure that keys are not leaving the building (wander guard alarm on key ring, etc.)
- If you discover potential non-compliance, complete an action plan of correction to be able to show you identified, corrected, and are conducting ongoing monitoring.

HOW NADONA CAN HELP

- ✓ Check out our website: www.nadona.org.
- ✓ Members have access to our tool kits for survey management.
- ✓ Call us at **513-791-3679** and we can assist you