AHCA
AGENCY FOR HEALTH CARE ADMINISTRATION

Regulatory Update

Presenters: Kimberly Smoak
Florida Agency for Health Care Administration

October 31, 2026

Objectives

01 Discuss Nursing Home Health Care Transparency and Quality Update

02 Describe the two new required surveys:
Consumer Satisfaction Survey
Patient Safety Culture Survey

03 Overview of the new Medical Director Certification Requirements

04 Identify the top 10 federal tags and top 10 state tags cited in Florida in 2026

05 Describe ways to make improvements in your nursing centers to help avoid the top 10 citations

06 Overview of Elopements: Discuss adequate supervision

Senate Bill 2514 (2025)

- Nursing Home Quality & Transparency:
  - Medical Director qualifications,
  - Posting the name of each nursing home facility's medical director on the facility's provider profile,
  - Nursing Home Patient Safety Culture Survey, and
  - Nursing Home Consumer Satisfaction Survey

Comparing Surveys

Comparison

SURVEY TYPE	RESPONDENTS	REPORTING FREQUENCY
Nursing Home Patient Safety Culture Survey	Staff	Biennial
Nursing Home Consumer Satisfaction Survey	Residents or Family	Annual

Nursing Home
Patient Safety Culture Survey

Nursing Home Patient Safety Culture Survey

Background

- These surveys are used to raise awareness and improve patient safety culture in health care facilities, including:
  - ✓ Assessing the most important aspects of patient safety culture,
  - ✓ Identifying strengths and opportunities for improvement, and
  - ✓ Comparing facilities and their performance.

Nursing Home Patient Safety Culture Survey

Rulemaking

- Rule 59A-35.115, Florida Administrative Code, revised to require nursing homes to participate in the Patient Safety Culture Survey on a biennial basis.
  - ✓ Rule language updated to include nursing homes.
  - ✓ Added the Nursing Home Survey, Data Guide, and Survey Tool.

Nursing Home Patient Safety Culture Survey

Key Operational Details

- Facility may use a third-party vendor
- Monthly training webinars are available

How to Complete:

1. Register in the PSCS System
2. Use the AHRQ-based survey (no modifications) located on the PSCS website only.
3. Submit CSV data through the PSCS System (only during submission period)

Nursing Home Patient Safety Culture Survey

Survey Timing

Activity	Timeline
PSCS System Registration	Open as of January 2026 (ongoing)
Administering the Survey	Starting in 2026
Survey Data Collection by Facilities	Spring 2027
Survey Results Submission Period	June 1 – August 31, 2027
Agency Posts the Aggregated Survey Data	By December 31, 2027 (anticipated)

Nursing Home Patient Safety Culture Survey

Display Example

This screenshot displays the Ambulatory Surgical Center PSCS results dashboard. The Nursing Home version will feature a comparable look and feel.

Nursing Home Patient Safety Culture Survey

Resources

- Patient Safety Culture Survey Webpage: https://ahca.myflorida.com/PSCS
- Patient Safety Culture Survey Inbox: PSCS@ahca.myflorida.com
- Florida Health Finder Website: https://quality.healthfinder.fl.gov

Nursing Home Consumer Satisfaction Survey

Nursing Home Consumer Satisfaction Survey

Background

- The Nursing Home Consumer Satisfaction Survey is a nationwide initiative that measures residents' and their families' satisfaction with the care and services provided in nursing homes.
- Questions focus on:
  - Overall satisfaction
  - Willingness to recommend the facility
  - Staff attitudes and responsiveness
  - Quality of care

Nursing Home Consumer Satisfaction Survey

Background

The goal of this survey is to increase transparency and improve the quality of care in nursing homes through the following:

Allows nursing homes to identify strengths and opportunities for improvement.

Allows for comparison of nursing homes by overall satisfaction.

Enhances methodology for Quality Incentive Program payments.

Improves consumer understanding for better care decisions.

Nursing Home Consumer Satisfaction Survey

Rulemaking

- Rule 59A-4.167, Florida Administrative Code, promulgated to require nursing homes to participate in the ***Nursing Home Consumer Satisfaction Survey*** on an annual basis.
- **The rule specifies:**
  - The use of CoreQ survey measures and methodology endorsed by the National Quality Forum (NQF)
  - A process for submitting the data to the Agency
- **The rule also references the following forms:**
  - Short-Stay Resident Satisfaction Survey
  - Long-Stay Resident or Family Satisfaction Survey
  - Nursing Home Consumer Satisfaction Survey Data File

Nursing Home Consumer Satisfaction Survey

Short-Stay Questions

The four questions below are part of a national initiative to measure the quality of nursing home facilities.

	Poor	Average	Good	Very Good	Excellent
Q1: In recommending this facility to your friends and family, how would you rate it overall?	☐	☐	☐	☐	☐
Q2: Overall, how would you rate the staff?	☐	☐	☐	☐	☐
Q3: How would you rate the care you received?	☐	☐	☐	☐	☐
Q4: How would you rate how well your discharge needs were met?	☐	☐	☐	☐	☐

Nursing Home Consumer Satisfaction Survey

Long-Stay Resident or Family Questions

The three questions below are part of a national initiative to measure the quality of nursing home facilities.

	Poor	Average	Good	Very Good	Excellent
Q1: In recommending this facility to your friends and family, how would you rate it overall?	☐	☐	☐	☐	☐
Q2: Overall, how would you rate the staff?	☐	☐	☐	☐	☐
Q3: How would you rate the care you receive?	☐	☐	☐	☐	☐

If the resident is unable to complete the survey, the questions below may be completed by a family member on behalf of the resident.

The three questions below are part of a national initiative to measure the quality of nursing home facilities.

	Poor	Average	Good	Very Good	Excellent
Q1: In recommending this facility to your friends and family, how would you rate it overall?	☐	☐	☐	☐	☐
Q2: Overall, how would you rate the staff?	☐	☐	☐	☐	☐
Q3: How would you rate the care your family member receives?	☐	☐	☐	☐	☐

Nursing Home Consumer Satisfaction Survey

Key Requirements

- Must use a CoreQ-recognized vendor
- Short-stay = discharge within 100 days
- Long-stay = 101+ days (family may respond if resident is unable to complete the survey)
- Vendor submits aggregated CSV/Excel results to AHCA

Nursing Home Consumer Satisfaction Survey

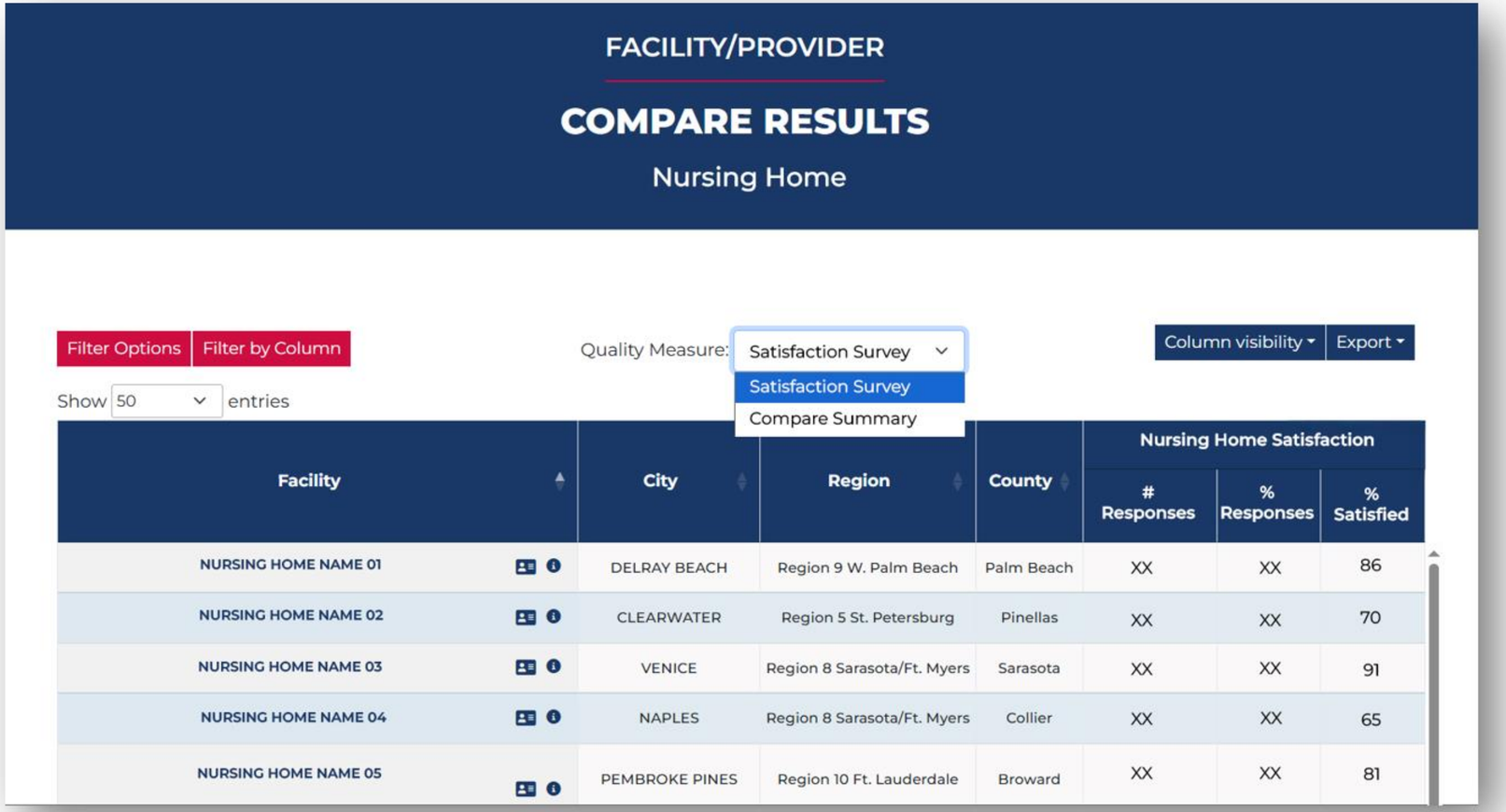
Survey Timing

Activity	Timeline
Initial Survey Administration Period	August 1, 2026 – December 31, 2026
Survey Results Submission Period	March 1 – 31, 2027
Agency Posts the 2026 Aggregated Survey Data	By May 31, 2027 (anticipated)

- The annual Nursing Home Consumer Satisfaction Survey reporting period runs from March 1 through March 31 each year.
- Facilities must submit data for the previous calendar year (January 1–December 31) during the submission period.
- Because the rule was finalized mid-year, the initial year includes a shorter administration period.

Nursing Home Consumer Satisfaction Survey

Display Example



Nursing Home Consumer Satisfaction Survey

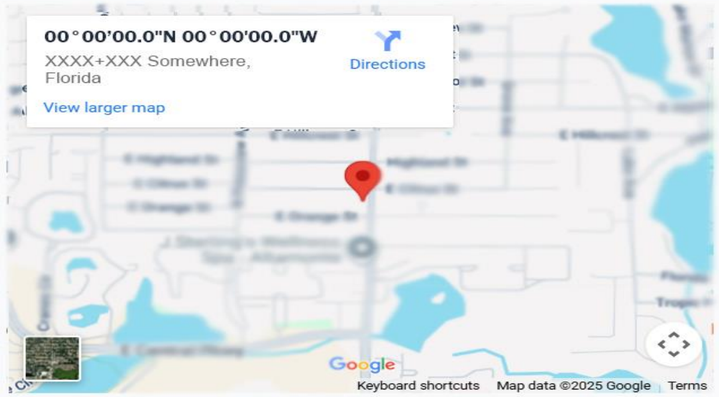
Display Example

PROVIDER PROFILE

SAMPLE NURSING HOME

Nursing Home

FACILITY PROFILE



Facility Information:

Facility/Provider Type:	Nursing Home
Medical Director:	JANE SMITH
Administrator:	JOHN SMITH
Financial Officer:	JOHN DOE
Owner/Licensee:	SAMPLE INC
Owner/Licensee Since:	4/12/2010
Controlling Interest for SAMPLE INC	
Profit Status:	Not-For-Profit
Management Company:	Not Available
Manager Since:	Not Available

Nursing Home Consumer Satisfaction Survey

Resources

- Nursing Home Consumer Satisfaction Survey Webpage: https://ahca.myflorida.com/NHCSS
- Nursing Home Consumer Satisfaction Survey Inbox: NHCSS@ahca.myflorida.com
- Florida Health Finder Website: https://quality.healthfinder.fl.gov

Medical Director Updates

NH State Rule Updates – Medical Director

- 59A-4.107 Physician Services
  - Each nursing home facility licensee must retain, pursuant to a written agreement, a physician licensed under Chapter 458 or 459, F.S., to serve as Medical Director. In facilities with a licensed capacity of 60 beds or less, pursuant to a written agreement, a physician licensed under Chapter 458 or 459, F.S., may serve as medical consultant in lieu of a Medical Director. **Medical Directors and medical consultants must be certified as set forth in Rule 59A-4.1075, F.A.C.**

NH State Rule Updates, cont.

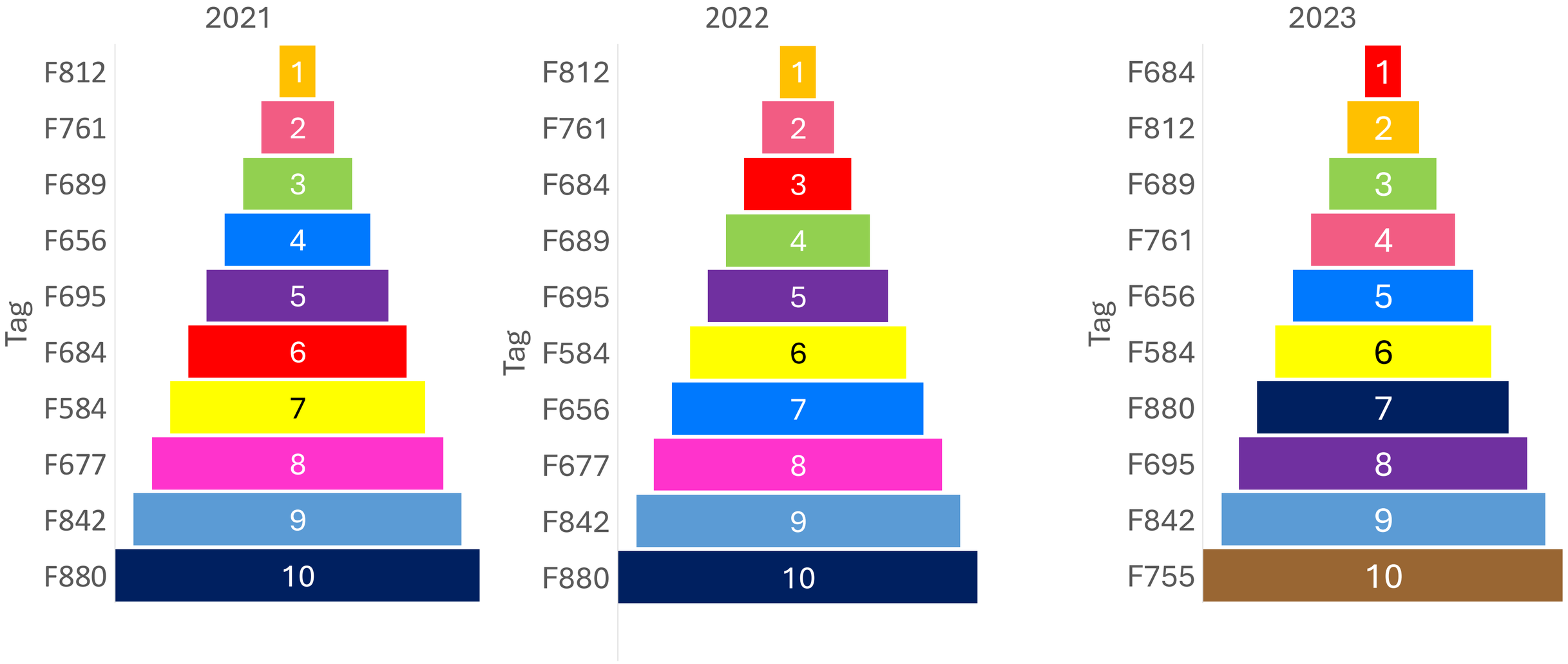
- Each nursing home licensee must have only one physician who is appointed as Medical Director.
- The Medical Director must be a physician licensed under Chapter 458 or 459, F.S., and beginning on January 1, 2026, must hold an active certification as a medical director or be in the process of seeking such certification. Recognized certifying or credentialing organizations include the American Medical Directors Association, now known as the Post-Acute and Long-Term Care Medical Association (PALTmed).

NH State Rule Updates, cont.

- For the purpose of this rule, **“in the process of seeking such certification”** means the medical director is actively engaged in obtaining certification as evidenced by his or her enrollment and participation in the PALTmed “Core Curriculum on Medical Direction in Post-Acute and Long-Term Care” program or other required certification program education in clinical or management topics for post-acute and long-term care.
- For a medical director appointed before January 1, 2026, the individual must complete certification or recertification, if applicable, by December 31, 2028.
- For a medical director appointed on or after January 1, 2026, who is not certified, the individual must complete certification within three years from the date of appointment as the medical director of a nursing home facility.

Top Ten Federal Deficiencies

Top 10 FL Federal NH Tag Ranking Comparison – 2021-2023



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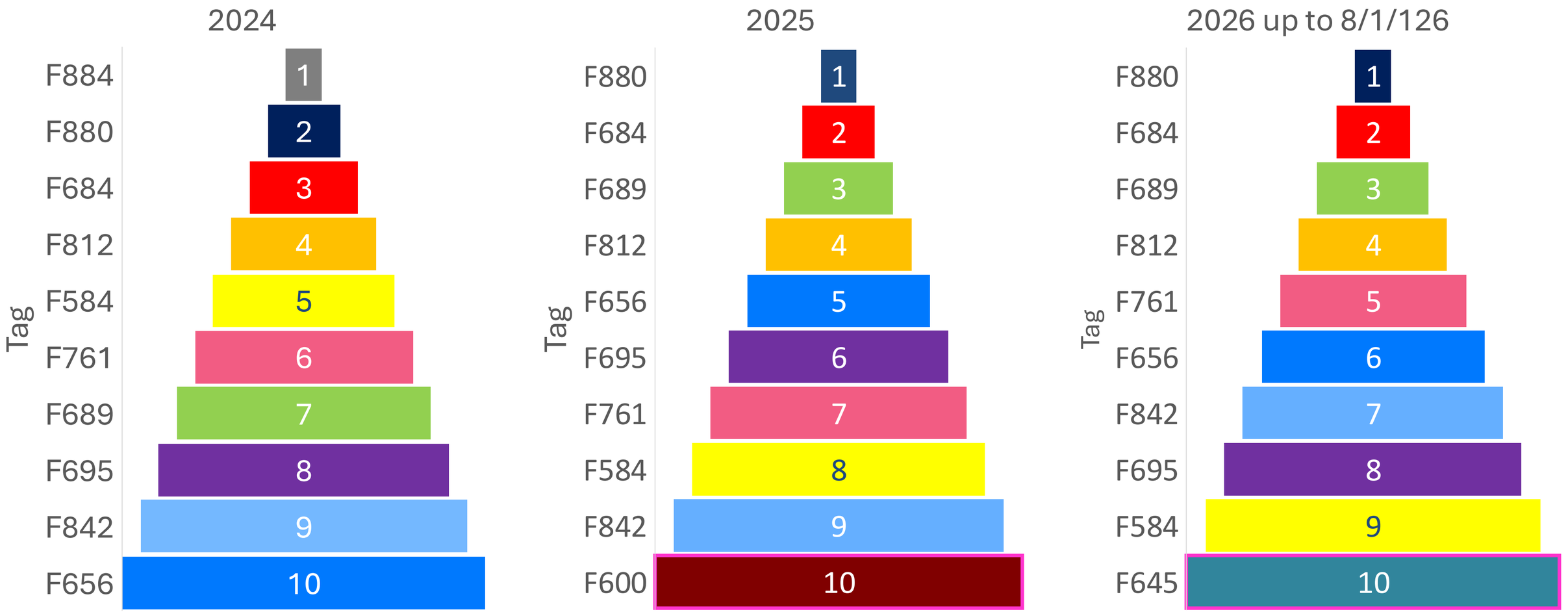
Top 10 FL Federal NH Tag Ranking Comparison – 2024-2026



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Top Ten Florida Nursing Home Federal Tags CY2026

Rank	Tag	Tag Title
1	F880	Infection Prevention & Control
2	F684	Quality of Care
3	F689	Free of Accident Hazards/Supervision/Devices
4	F812	Food Procurement, Store/Prepare/Serve- Sanitary
5	F761	Label/Store Drugs & Biologicals
6	F656	Develop/Implement Comprehensive Care Plan
7	F842	Resident Records-Identifiable Information
8	F695	Respiratory/Tracheostomy Care & Suctioning
9	F584	Safe/Clean/Comfortable/Homelike Environment
10	F645	PASARR Screening for Mental Illness & Intellectual Disability

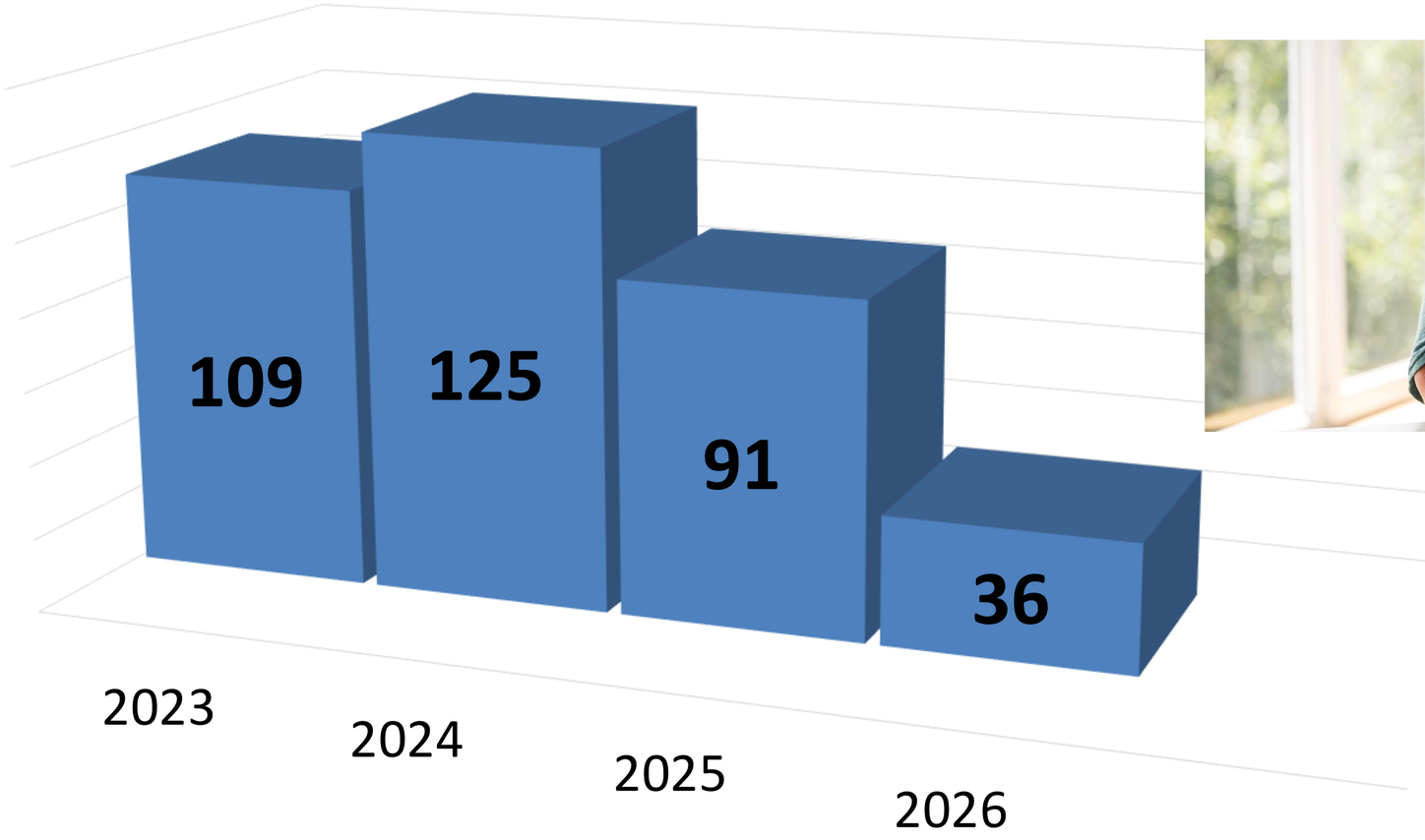
Up to August 1, 2026.

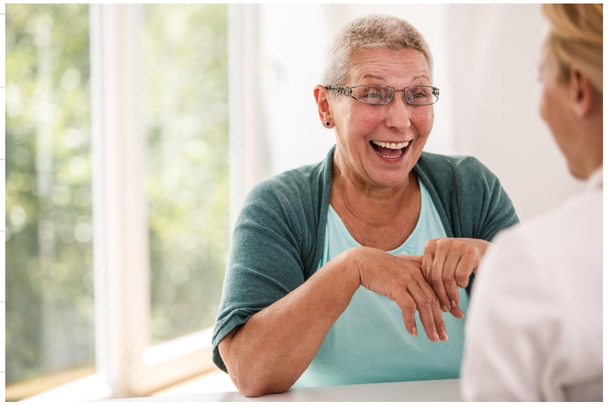
More Ways to Improve Regulatory Compliance

- Maintain a strong and effective QAA/QAPI program
- Ensure the facility assessment is reflective of your resident population characteristics and facility services.
- Leadership team appear in the facility after normal business hours
- Follow compliance and ethics policies and procedures
- Use CMS Survey & Certification (S&C) Quality, Certification and Oversight Reports (QCOR) – https://qcor.cms.gov/
- Review/analyze statements of deficiencies available on CMS Five-Star Quality Rating Website – https://www.cms.gov/medicare/health-safety-standards/certification-compliance/five-star-quality-rating-system

Overview of Elopements

Elopements Reported





Immediate Jeopardy

Immediate Jeopardy (IJ) represents a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death

Noncompliance → Serious adverse outcome or likely → Need for immediate action

Elopement IJ – 5 in 2026

Elopements that are Immediate Jeopardy depend on:

- **Resident vulnerability**
- **Hazards** that the resident may encounter when outside the facility

Trends:

- Door alarms not loud enough to hear or turned off without inquiry
- Unsecured doors
- Additional supervision
- Staff unaware resident left
- Unsecured stairwells
- No deaths

CFR 483.25(d) F689 Accidents

The facility must ensure that -

- The resident environment remains as free of accident hazards as possible
- Each resident receives adequate supervision an assistance devices to prevent accidents

Guidance F689 Elopement

- Resident leaves the premises or a safe area without the facility's knowledge and supervision, if necessary
- Risk to the resident's health and safety
- Places the resident at risk of heat or cold exposure, dehydration and/or other medical complications, drowning, or being struck by a motor vehicle

Minimize Risk

Facility policies clearly define the mechanisms and procedures

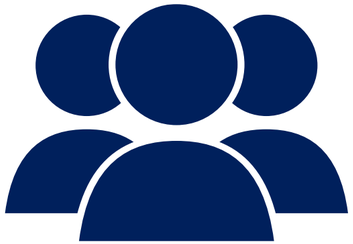
- Assessing or identifying
- Monitoring
- Managing residents at risk
- Adequate supervision
- Interventions in the comprehensive plan of care
- Communication

Are the policies and care plans consistently followed?

Adequate Supervision

Facilities are obligated to provide adequate supervision to prevent accidents

- Appropriate level and number of staff required
- Competency and training of the staff
- Frequency of supervision needed
- Resident's assessed needs
- Identified hazards



Facility Assessment F838

- Evaluate population – care required, **acuity**
- Identify resources needed to provide necessary care and services
- Inform staffing needs
- Assess competencies
- Physical environment, equipment, services
- Ethnic, cultural, religious factors
- Specific to your facility

Commitment to Safety

- Acknowledges the high-risk nature of its population and setting
- Develops effective communication, including a reporting system that **does not place blame** on the staff member for reporting resident risks and environmental hazards
- Engages all staff, residents and families in training on safety, and promotes ongoing discussions about safety with input from staff at all levels of the organization, as well as residents and families

Safety

- Encourages the use of data to identify potential hazards, risks, and solutions related to specific safety issues that arise
- Directs resources to address safety concerns
- Demonstrates a commitment to safety at all levels of the organization

What does that look like in your facility?

Associated Tags

F689 Accidents & Supervision

F607 P&P for Abuse/Neglect

F943 ANE training

F628 Transfer/Discharge

F655 Baseline Care Plan

F656 Comprehensive CP

F725 Sufficient Nursing Staff

F726 Competent Nursing Staff

F740/F741 Behavioral Services and Staffing

F867 QAPI/QAA

Neglect F600

Facility knew, or should have known, to provide the staff, supplies, services, policies, training, or staff supervision and oversight to meet the resident's needs, but continued to fail to take action necessary to avoid the potential for harm, or actual harm to the resident

Outcome of **systemic or repeated patterns of care delivery failures** throughout the nursing home, such as insufficient staffing, or may be the effect of **one or more delivery failures** involving one resident and one staff person

Neglect Related to Staffing

- How do you monitor for the deployment of sufficient numbers of qualified and competent staff across all shifts to meet resident need
- How do you determine staffing assignments based on the levels and types of care needed for the resident(s)?
- How do you and staff communicate across shifts?

More Neglect related to staffing

- How does the facility determine the type of staff, such as qualified registered, licensed, certified staff (in accordance with State licensing rules) that are competent and have the knowledge and skills necessary for the provision of care and services that they are assigned?
- How is it determined how many staff are required to care for the residents and the actual number of staff assigned to the residents?
- What types of resident care are required, depending on resident acuity, resident needs, and the number of residents?

Sufficient Competent Staffing

Strong relationship between nurse and CNA staffing levels and quality outcomes

- Facility has sufficient and competent nursing staff to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care
- States who have mandatory nurse-to-resident ratios are not exempt from this regulation.

Sufficient Competent Staffing

- Facility Assessment used to evaluate if the facility assessed resident needs and acuity to determine the **number of qualified staff needed** to meet each resident's needs
- How is staff evaluated to assess their competencies, skills, and knowledge to meet the needs of the residents?
- Tip: if the DON/SDC cannot explain how they assess staff competencies, skills and knowledge, this may indicate a breakdown in competency evaluation

Questions and comments?

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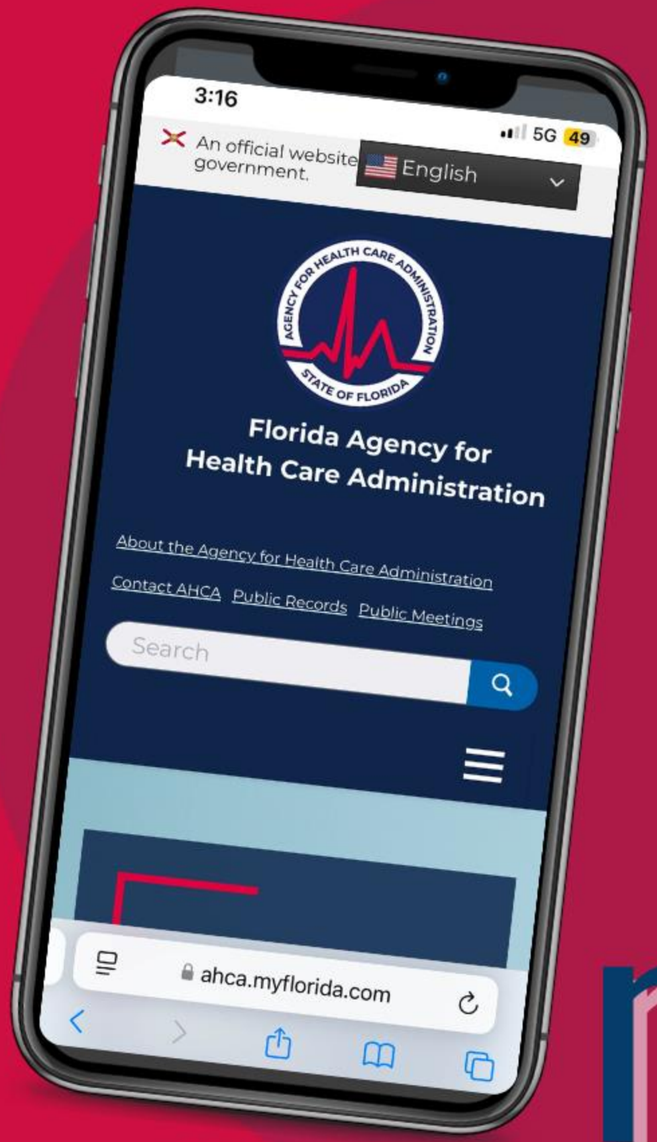

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