



Maryland
DEPARTMENT OF HEALTH

Oversight Committee

Office of Health Care Quality (OHCQ) Update
Nursing Home Annual Inspections & Assisted Living Regs

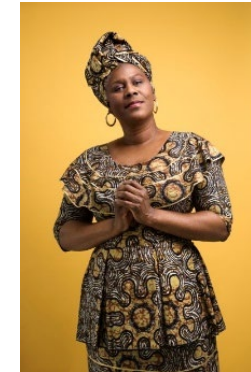
Tia Witherspoon-Udocox, MBA
OHCQ Executive Director



Today's Presentation -

- Overview of OHCQ
- Update on Annual Surveys of Maryland's nursing homes
- Update on the roll out of the Assisted Living regulations, COMAR 10.07.14

OHCQ's Mission & Vision



***To protect the health and safety of Marylanders
and to ensure there is public confidence in the
health care and community service delivery systems***



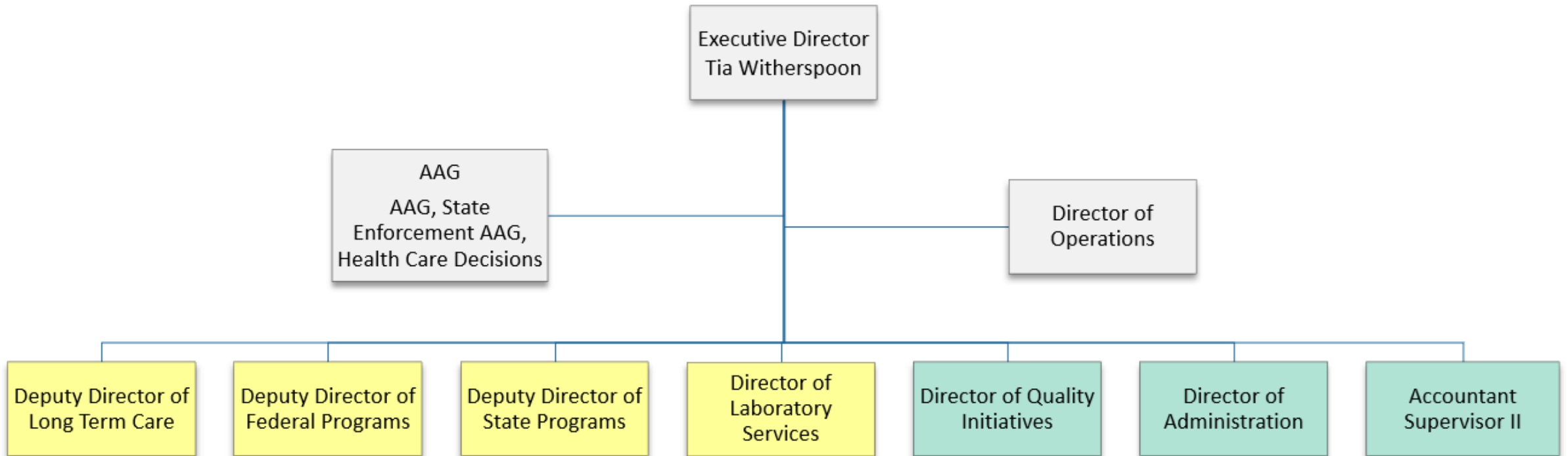
Core Functions: OHCQ

- OHCQ is the agency within the MDH that determines compliance with State licensure and/or federal certification requirements in 47 types of providers and programs.
- **State Licensure:** Issues licenses, **authorizing** the applicant to operate a certain type of **business** in the State.
- **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.

Minimum Standards for Licensure and Certification

- Social Security Act mandates minimum federal health and safety standards that providers and suppliers must meet in order to participate in Medicare and Medicaid (federal authority)
- 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 (federal and/or state authority)
 - **NOTE:** OHCQ does not have oversight over “best practices” or the resident/patient’s perception of care

OHCQ Organizational Chart



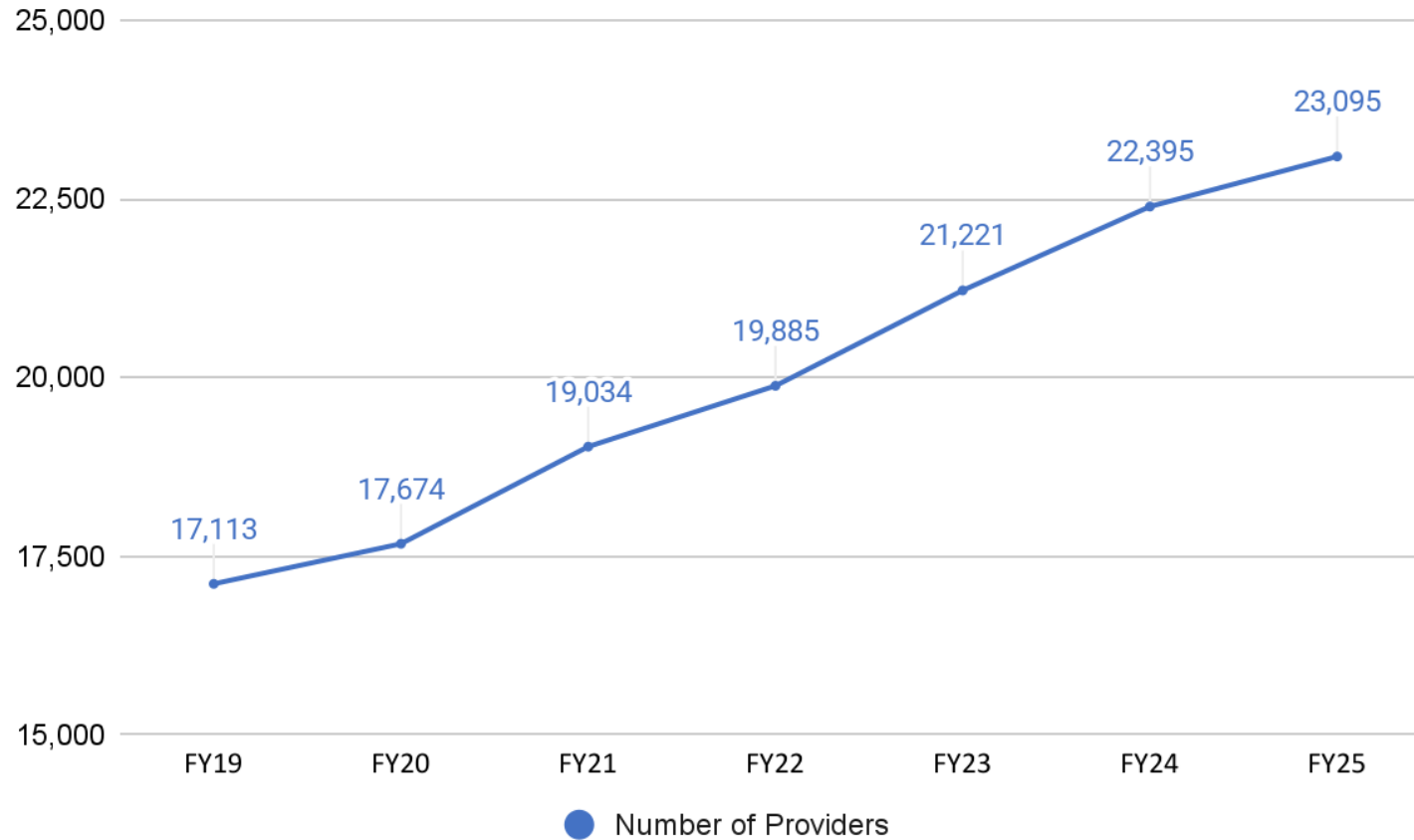
OHCQ Overview: 47 Provider Types & Programs

Ambulatory Care	Long Term Care	Assisted Living	Laboratories	Developmental Disabilities	Hospital
<ul style="list-style-type: none"> • Birthing Centers • Comprehensive Outpatient Rehab Facilities • Community MH Centers • Cosmetic Surgery Centers • Freestanding Ambulatory Surgery Centers • Freestanding Dialysis Centers • Home Health Agencies • Hospices & Hospice Houses • ICF-IIDs • Limited Private IP Facilities • Major Medical Equipment Providers • Outpatient Physical Therapy Centers • Portable X-ray Providers • Residential Service Agencies • Rural Health Clinics • Surgical Abortion Facilities • Forensic Residential Centers 	<ul style="list-style-type: none"> • Nursing Homes 	<ul style="list-style-type: none"> • Adult Medical Day Care • Assisted Living Programs • Assisted Living Referrers 	<ul style="list-style-type: none"> • Cholesterol Testing Sites • Employer Drug Testing Labs • Forensic Labs • Health Awareness Test Sites • Hospital Labs • Independent Reference Labs • Physician Office Labs (State and CLIA) • Point-of-Care Labs (State and CLIA) • Public Health Testing Sites • Rare Disease Testing Labs • Tissue Banks 	<ul style="list-style-type: none"> • Developmental Disability Agencies • Developmental Disability sites • Health Care Staffing Agencies • Nurse Referral Agencies <hr/> <p>Developmental Disabilities Mortality Unit</p>	<ul style="list-style-type: none"> • Hospitals within Correctional Facilities • Federally Qualified Health Centers • Freestanding Medical Facilities • HMOs • Hospitals • Limited Private Inpatient Facilities • Residential Treatment Centers • Transplant Centers <hr/> <p>Maryland Hospital Patient Safety Program</p>

OHCQ Oversight of Providers in FY25

- As of July 1, 2025, OHCQ oversaw 23,095 providers in 47 industries
 - 3% increase in the number of providers overseen by OHCQ, from FY24 to FY25
- OHCQ experienced an overall 21% growth rate in the total number of licensed providers over the past 5 years

Number of Providers under OHCQ Oversight



OHCQ Overall Budget & Staffing

- \$40.3 million agency budget
 - **Long Term Care unit is \$15.8 million or 39% of the total agency budget**
- 273 employees
- 177 surveyors (mostly RNs)

Breakdown of Surveyors by Program

- **Long Term Care (Nursing Homes)**
 - **63** Health Facilities Surveyor Nurses (there is 1 open position; 2 frozen positions)
- **Federal programs (Hospitals, Ambulatory Care)**
 - **21** Health Facilities Surveyor Nurses
- **Laboratory programs**
 - **4** Laboratory Scientist Surveyors

Breakdown of Surveyors by Program

- **State programs overall:**
 - **56** Health Facilities Surveyor Nurses
 - **32** Non-Health Facilities Surveyor Nurses
- **Developmental Disabilities**
 - **25** nurse surveyors
 - **29** Administrative Officer Surveyors (including 2 frozen positions)
- **Assisted Living/Adult Medical Day Care**
 - **31** nurse surveyors
 - **2** Administrative Officer Surveyors (1 current, 1 frozen position)
 - **1** Environmental Health Surveyor

How Does OHCQ Support Surveyors?

- OHCQ Administration
 - Budget and Accounting
 - Human Resources & Personnel Services
 - Facility & Fleet Management
 - Chief Medical Officer & Chief Nurse
 - Senior Health Policy Advisor

How Does OHCQ Support Surveyors?

- OHCQ Quality Initiatives
 - Drive, coordinate, support infrastructure of all aspects of OHCQ
 - Health Care Quality Account Grants Program
 - Health Policy Analysts
 - Web/Data/Systems Team
- OHCQ - OET: Information Technology Support

Long Term Care Unit: Scope and Purpose

- The Long Term Care (LTC) Unit is responsible for the licensure, certification, and surveying of Maryland's 221 nursing homes
- Nursing homes are certified for Medicare and/or Medicaid
- All nursing homes must comply with COMAR to be licensed



Long Term Care Survey Types

- Requires ongoing responsibilities
- **Annual**
 - must be conducted no later than 15.9 months
- **Complaint**
 - conducted based on triage status
 - Intakes can be complaints or facility-reported incidents “FRIs”

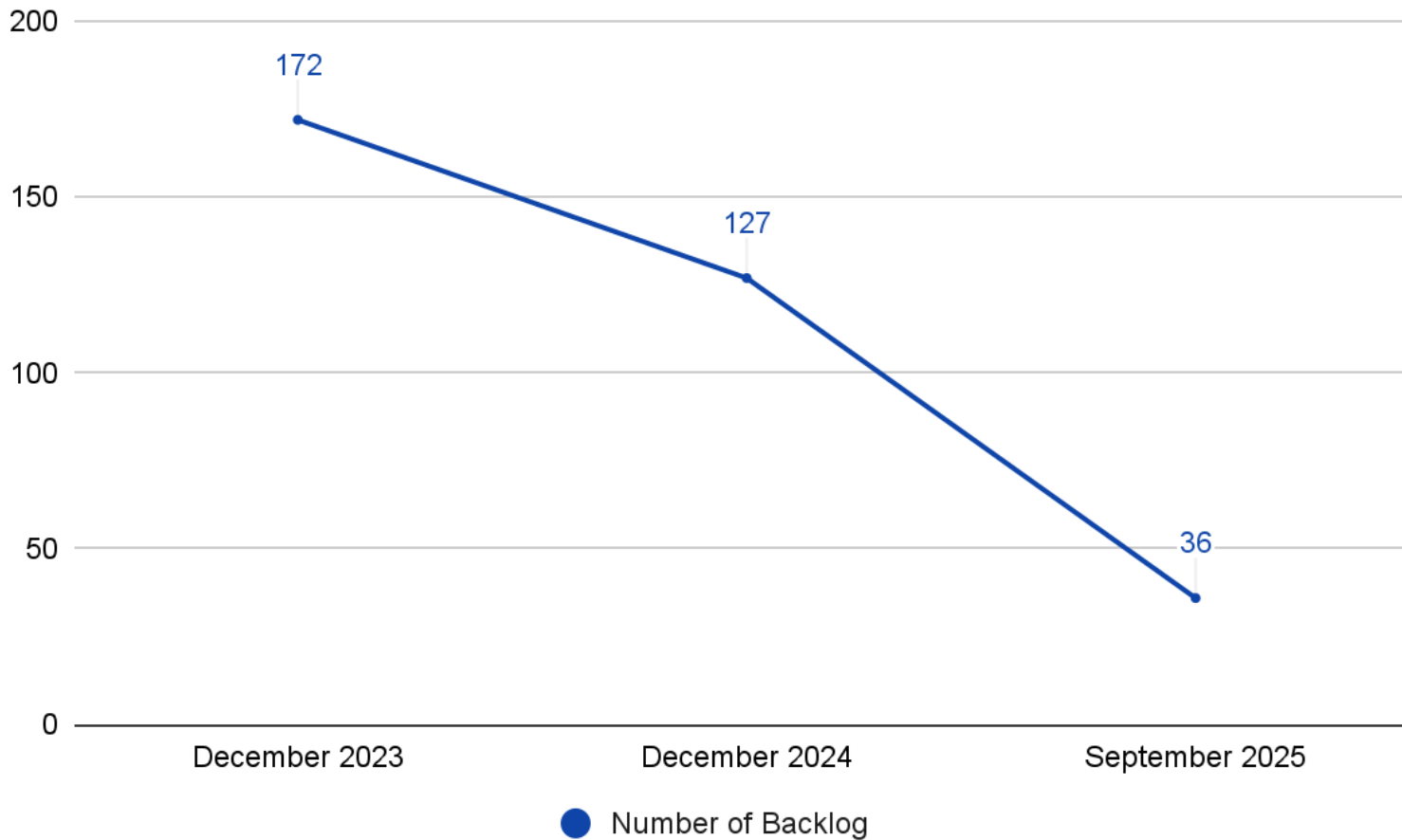
Long Term Care Survey Types

- **On-site Revisit**
 - must be conducted for high level deficiencies
- **Life Safety Code (LSC)**
 - conducted along with annual survey
- **Resident Funds**
 - conducted annually
- **CHOW (Change of Ownership)**

LTC Unit's Priority: Nursing Home Inspection Backlog

- Long Term Care Unit's highest priority is addressing the nursing home inspection backlog of Annual Full Surveys
- **Where were we?**
 - **172** Annual Full Surveys - backlog in December 2023
 - **127** Annual Full Surveys - backlog in December 2024
- **Where are we now?**
 - **36** Annual Full Surveys as of September 2025
 - **Progress:** 79% reduction in backlog since December 2023

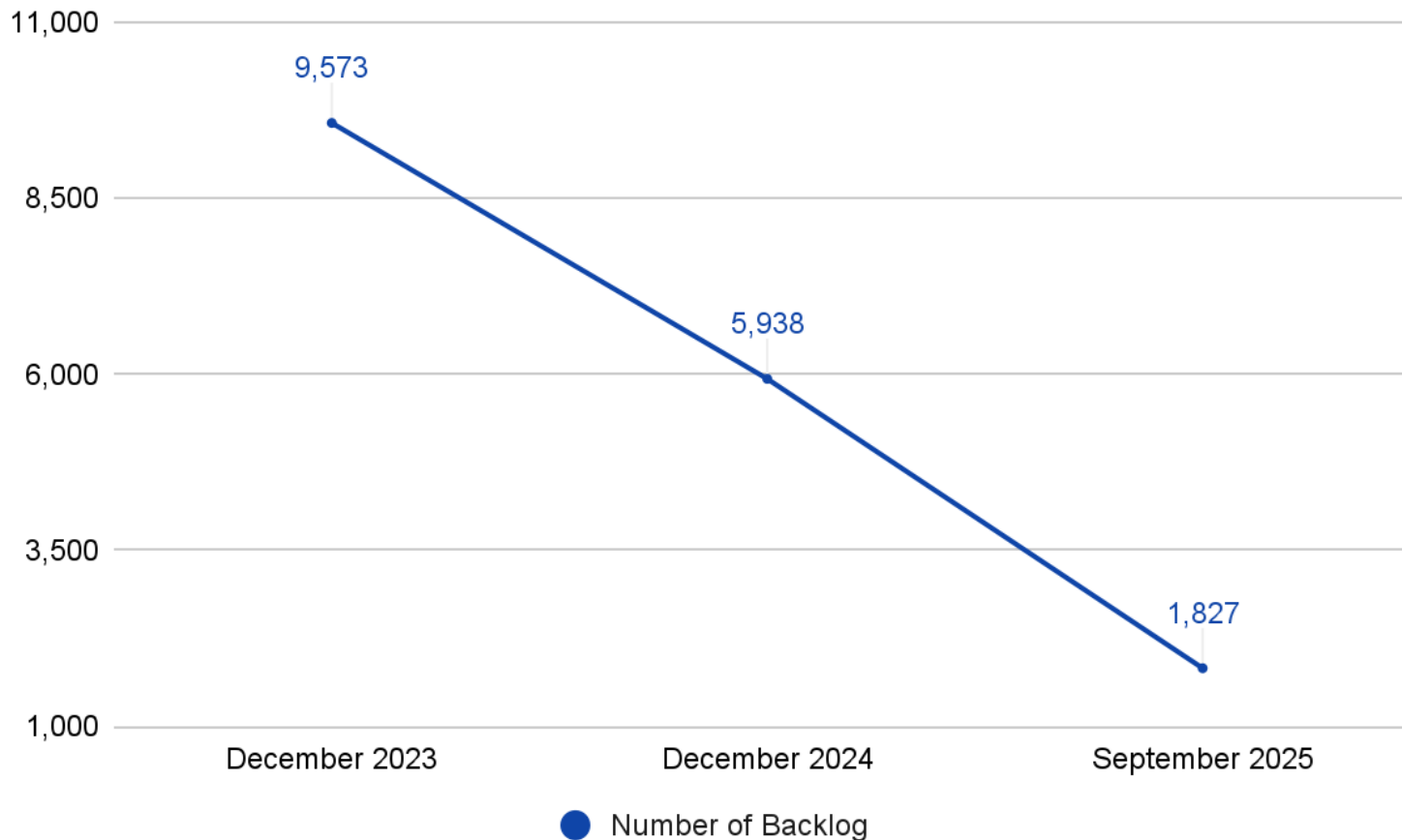
Backlog of Annual Full Surveys



LTC Unit's Priority: Nursing Home Inspection Backlog

- The Long Term Care Unit's other highest priority is addressing the nursing home inspection backlog of complaint investigations
- **Where were we?**
 - **9,573** complaints (all time high) in July 2023
 - **5,938** complaints in December 2024
- **Where are we now?**
 - **1,827** total number of pending complaints as of September 2025

Backlog of Complaint Investigations



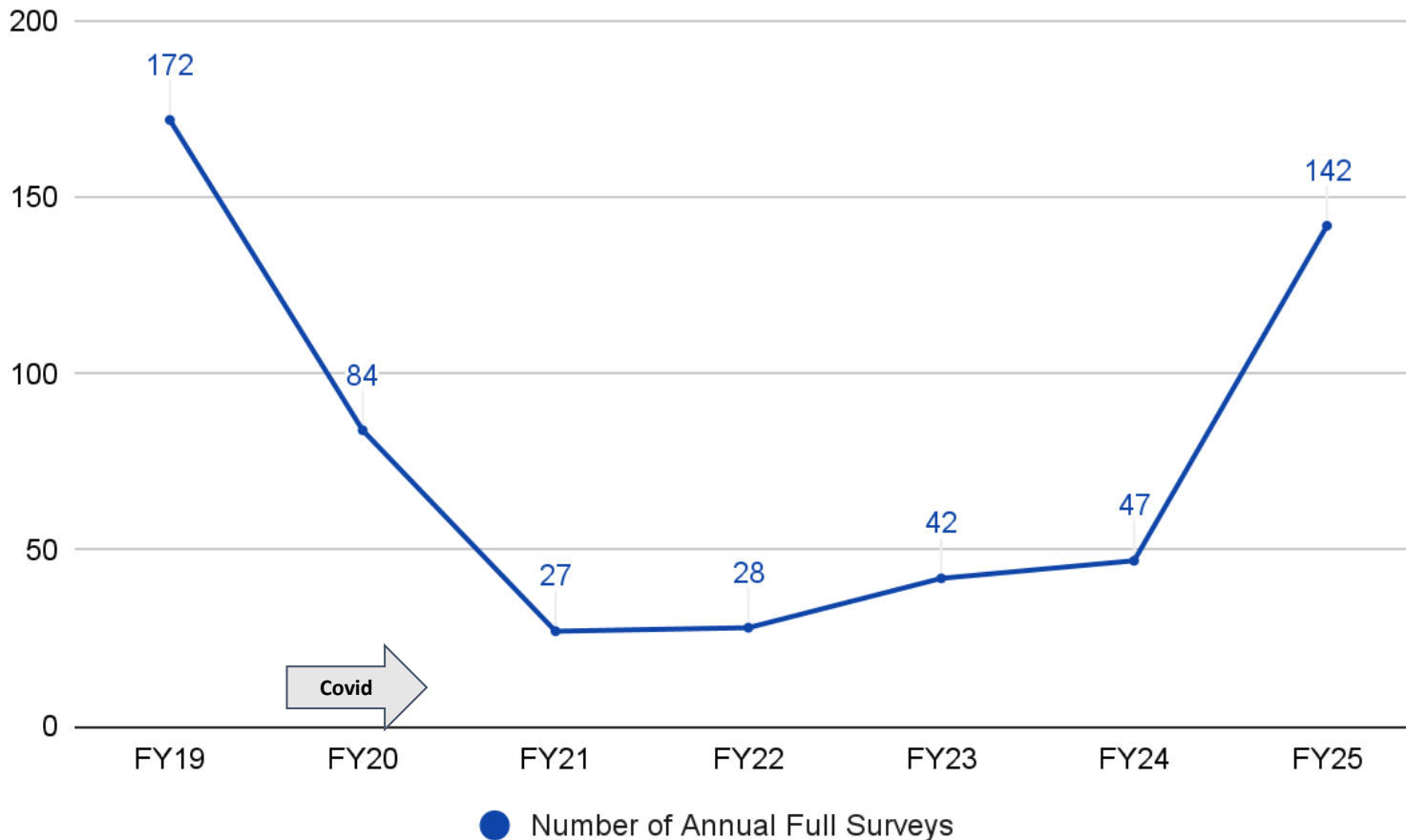
LTC Unit's Priority: Nursing Home Inspection Backlog

- How did OHCQ address the backlog?
 - Three-part strategy for success:
 - Secure the base of surveyors by (1) adding merit and contracted surveyors (\$3.9M), (2) pin conversions, and (3) RN salary increases
 - Training - Since 7/1/23 we have hired **30** new LTC surveyors
 - Improve efficiencies

LTC Unit's Priority: Nursing Home Inspection Backlog

- **Where are we now with addressing the backlog of Annuals?**
- Trending in the right direction:
 - 48% increase in completed nursing home inspections from FY22 - FY24
 - From FY24 - FY25, the rate of Annual Full Survey completion increased by 202% (approx)
 - **184** - Annual Full Surveys up to date
 - **174** - Annual Full Surveys have been completed since July 1, 2024
 - **36** - current backlog of Annual Full Surveys

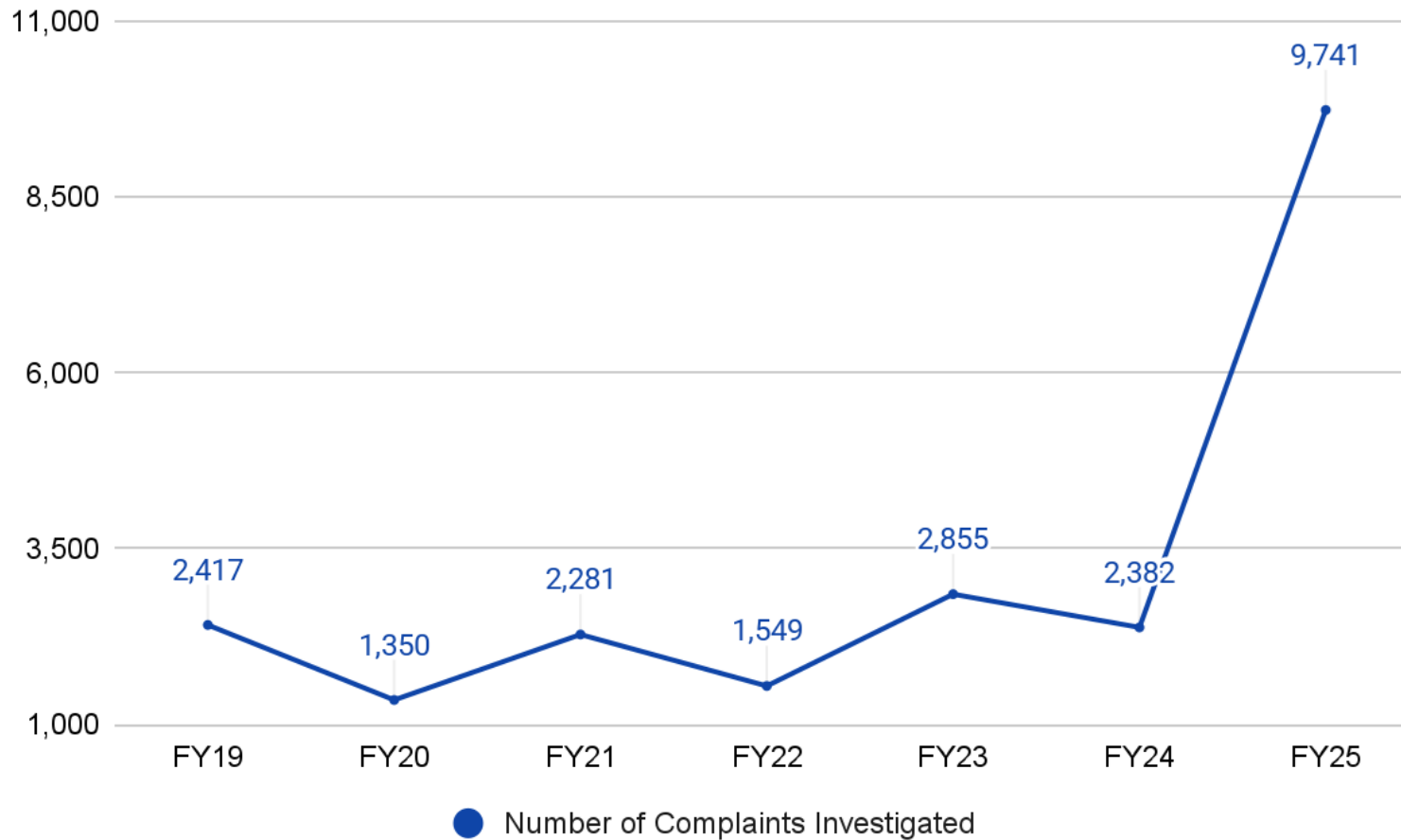
Number of Annual Full Surveys



LTC Unit's High Priority: Complaint Backlog

- **Where are we now with addressing the backlog of complaint investigations (“intakes”)?**
- Trending in the right direction:
 - 45% increase in completed investigations for intakes from FY22 - FY24
 - From FY24 - FY25, the rate of completed investigations for intakes increased by 244%
 - **1,827** - current pending Intakes
 - **2,832** - complaints investigated FY24
 - **9,741** - complaints investigated FY25

Number of Complaints Investigated



CMS Requires Triage Protocol

- Maryland, like all other States, is required to use Centers for Medicare & Medicaid Services (CMS) guidance to prioritize surveys and investigations for complaints
- Prioritization takes place at the OHCQ staff level during the triage process
- Any intake that staff triages as “Immediate Jeopardy” or “Non-IJ High” is escalated to senior staff for review

CMS Requires Triage Protocol

- OHCQ is required to investigate an Immediate Jeopardy complaint within 3 days
 - Tier 1 - Immediate Jeopardy
 - Tier 2 - Non-IJ, high
 - Tier 3- Non-IJ, medium
 - Tier 4 - Non-IJ, low
- **LTC has no outstanding immediate jeopardy investigations**

New Assisted Living Regulations - Update

History

Started in 2015 w/ comment periods in 2016, 2021, 2023, 2024

- Marked up draft regulations were published on OHCQ website with corresponding responses to formal comments throughout the multi-year process.
- In March of 2024, OHCQ received an additional 150+ formal comments and as a result re-proposed the package in January 2025.
- The new regulations were published as final in the Maryland Register on April 18, 2025.

New Assisted Living Regulations - COMAR 10.07.14

- OHCQ understands that the major key changes in the new regulations requires time for the provider community to conduct staff training, & develop necessary policies and procedures.
- Over the next 6 months, OHCQ continued its survey mandates, but used discretion with enforcement activities related to the new regulations.
- OHCQ developed a checklist for technical guidance and full enforcement of the regulations will begin November 1st 2025. *Checklist available on OHCQ Website.

New Assisted Living Regulations - Roll Out

COMAR 10.07.14 rollout web page serves as the primary site:

- Instructions on how to get a copy of the new regulations
- Stakeholder Communication
- Training Materials, **FAQs (ongoing technical support)**
- How to submit questions
- OHCQ held seven free virtual trainings and the presentation is available on the webpage

Major Change: .13 Administration

B. Family Councils

- (2)(b) An individual ... must have capacity in order to appoint ...
- (3) The ALP shall provide the council the right to privacy for meetings ...
- (4) Staff members may attend a meeting only if requested by the council
- (5) The ALP shall consider ... recommendations and grievances and attempt to accommodate ...
- (6) The ALP shall respond to grievances in writing within 30 calendar days

Adds an annual facility risk assessment for TB (CDC guidelines)

Major Change: .14 Staffing Plan

New Requirement:

E. Awake Overnight Staff.

(4) Awake overnight staff are required on an approved Alzheimer's Special Care Unit.

C. (3) The Department may not approve a waiver for awake overnight staff on an Alzheimer's Special Care Unit.

New: Staffing schedule is kept **on site, includes date/shift/name of staff, on file for 18 months**

Major Change: .15 Assisted Living Manager

A. Qualifications.

(1) An individual shall be licensed as required by Health Occupations Article, §9-3A-01, Annotated Code of Maryland, before the individual may practice as an assisted living manager in Maryland.

NOTE: The State Board of Long-Term Care Administrators is responsible for the licensure of Assisted Living Managers. They are currently working on processes and procedures for licensure. This requirement is effective July 1, 2026.

Major Change con't: .15 Assisted Living Manager

- CPR must be taught by a nationally recognized organization and have a hands-on component
- ALM responsible for advising on influenza and COVID 19 per CDC guidelines, when indicators are elevated

Major Change: .16 Eighty-hour ALM Training Course

- ALMs must take the 80-hour course regardless of size of facility
- ALMs who started after Jan 1, 2006 must take the 80-hour course
- This requirement must be completed by June 30, 2026
- Course can be virtual or in-person or a combination (hybrid)
- ALM must complete the course and cannot be endlessly enrolled

Major Changes - *New Duties of the ALMs*

New Requirements:

- Review RAT with the Delegating Nurse (.22 Preadmission)
- Forward a copy of any report or citation of violation to the department within 7 calendar days of receipt of the report or citation (.08 Changes for ALP that Affect Operating License)

Other Significant Changes

- **.21 Delegating Nurse** -The DN shall be available on call *at all times* as required under this chapter or have a qualified alternate DN nurse available on call
- **.28 Service Plan** - Increased participation of resident and family, including accommodations for scheduling
- **.33 Incident Reports.** The ALP shall notify the OHCQ within 24 hours of a resident death resulting from: (1) Abuse; (2) Neglect; (3) Wandering; (4) Elopement; (5) A medication error; (6) Burns; or (7) Any injury incurred at the ALP.

Other Significant Changes

- **.12 Compliance Monitoring.** An ALP's annual survey may be extended to 18 months if the ALP has: (1) no outstanding POCs or CMPs; (2) no complaints or facility-reported incidents (known as "self-reports") pending investigations; (3) no settlement agreement is in effect; (4) no sanctions are in effect
- **.08 Operating License.** Time requirement for notification to affected residents/resident reps for CHOW or closure
 - 60 calendar days for 49 or less beds
 - 75 calendar days for 50 or more beds

.35 Resident Representative

New Requirement: *.35 Resident Representative.*

B. Representative Payee or Other Similar Fiduciary.

(1) An Assisted Living Program staff member who serves as a representative payee for a resident may not be considered the resident representative.

(2) An Assisted Living Program shall notify the Department if an Assisted Living Program staff member is designated as the representative payee for a resident.

.36 Resident Rights

New Requirement: *.36 Resident Rights*

A. Resident Bill of Rights

1. (h) added - financial exploitation
(i) added - Be free from involuntary seclusion

2. An Assisted Living Program shall:
 - (a) Provide the Resident Bill of Rights to all residents and resident representatives prior to or upon admission; and
 - (b) Post the Bill of Rights in a conspicuous place that is visible ...; or
 - (c) Post a notice where the Resident Bill of Rights is located.

.38 Restraints

From the 2025 Legislative Session: *.38 Restraints*

- A new section H was added, clarifying that **hospice regulations, COMAR 10.07.21**, and federal regulations apply when an assisted living resident is under the care of a licensed general hospice program but is physically located in an assisted living facility.
- The DN must remain in close communication with the hospice provider regarding all matters including restraints and medications.

.47 Emergency Preparedness

- The Assisted Living Program **shall develop an Assisted Living Emergency Preparedness Packet in compliance with the requirements of §C(2)-(10), that shall be readily available to all staff.**
- Added to C (3) **date** that the resident sent to alternative location **and contact person and phone number for the facility where the resident was sent.**
- The ALP **shall ensure that all staff have access to the entire emergency preparedness plan.**

Thank You

Contact Information

General Phone: 410-402-8015

Office of Health Care Quality

7120 Samuel Morse Drive

Second Floor

Columbia, Maryland 21046-3422