

**BOARD OF REGISTRATION OF  
NURSING HOME ADMINISTRATORS**

<b>Title</b>	Board Staff Disposition of Selected Allegations
<b>Purpose</b>	The Board of Nursing Home Administrators (“the Board”) adopts this policy to permit Board staff to resolve allegations against individual Nursing Home Administrators in a timely manner. The Board adopts the Centers for Medicaid and Medicare Services (CMS) definitions for the following terms: (1) Standard Survey <sup>1</sup> (2) Immediate Jeopardy <sup>2</sup> (3) Noncompliance <sup>3</sup> and (4) Substandard Quality of Care. <sup>4</sup>
<b>Date Adopted/ Revised</b>	November 18, 2016, Amended June 16, 2017, <b>Revised</b> June 15, 2018
<b>General Statement of Policy</b>	<p>The Board’s mission is to protect the public. Pursuant to M.G.L.c 112 § 115, it is the Board’s responsibility to (a) establish minimum requirements (standards) for Nursing Home Administrator licensing, (b) establish practice standards for Nursing Home Administrators, and (c) investigate complaints against Nursing Home Administrators. Therefore, in fulfilling its responsibility to investigate complaints, the Board retains for itself the sole authority to resolve the following:</p> <ol style="list-style-type: none"> <li>1. Any allegations filed by <b>consumers</b><sup>5</sup> against a Nursing Home Administrator shall be investigated and brought to the Board at a monthly</li> </ol>

<sup>1</sup> Pursuant to the Code of Federal Regulations at 42 C.F.R. §488.301, Standard Survey means a periodic resident-centered inspection which gathers information about the quality of service furnished in a facility to determine compliance with the requirements for participation.

<sup>2</sup> Immediate jeopardy means a situation in which the provider's or supplier's non-compliance with one or more requirements, conditions of participation, conditions for coverage, or conditions for certification has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident or patient.

<sup>3</sup> Noncompliance means any deficiency that causes a facility to not be in substantial compliance. (Substantial compliance means a level of compliance with the requirements of participation such that any identified deficiencies pose no greater risk to resident health or safety than the potential for causing minimal harm.)

<sup>4</sup> Substandard quality of care means one or more deficiencies related to participation requirements under [§ 483.10](#) “Resident rights”, paragraphs (a)(1) through (a)(2), (b)(1) through (b)(2), (e) (except for (e)(2), (e)(7), and (e)(8)), (f)(1) through (f)(3), (f)(5) through (f)(8), and (i) of this chapter; [§ 483.12](#) of this chapter “Freedom from abuse, neglect, and exploitation”; [§ 483.24](#) of this chapter “Quality of life”; [§ 483.25](#) of this chapter “Quality of care”; § 483.40 “Behavioral health services”, paragraphs (b) and (d) of this chapter; § 483.45 “Pharmacy services”, paragraphs (d), (e), and (f) of this chapter; § 483.70 “Administration”, paragraph (p) of this chapter, and § 483.80 “Infection control”, paragraph (d) of this chapter, which constitute either immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm.

<sup>5</sup> Nursing Home residents, their family members, and others, filing on behalf of a resident.

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	<p>board meeting for the Board to determine (a) if the Nursing Home Administrator violated a statute, board regulation, or standard of care, and (b) what sanction, if any is appropriate.</p> <p>2. All survey reports that make a finding of <b>Immediate Jeopardy</b> as defined by the Centers for Medicaid and Medicare Services (CMS) shall be investigated and brought to the Board at a monthly board meeting for the Board to determine (a) if the Nursing Home Administrator violated a statute, board regulation, or standard of care, and (b) what sanction, if any is appropriate.</p> <p>3. All survey reports that make a finding of <b>Substandard Quality of Care</b> as defined by the Centers for Medicaid and Medicare Services (CMS) shall be investigated and brought to the Board at a monthly board meeting for the Board to determine (a) if the Nursing Home Administrator violated a statute, board regulation, or standard of care, and (b) what sanction, if any is appropriate.</p> <p>4. All survey reports that make a finding that the facility failed to report or investigate allegations made under the Patient Abuse Law, Massachusetts General Laws Chapter 111, sections 72F-72L shall be investigated and brought to the Board at a monthly board meeting for the Board to determine (a) if the Nursing Home Administrator violated a statute, board regulation, or standard of care, and (b) what sanction, if any is appropriate.</p>
<p><b>Staff Authority to Close Investigations</b></p>	<p>The Board authorizes Board staff to close the investigation with no further action, for any of the following reasons:</p> <ol style="list-style-type: none"> <li>1. The complaint is outside the jurisdiction of the Board.</li> <li>2. The complaint investigation yields no evidence, or insufficient evidence, to prove any violation of a Board statute or regulation at 245 CMR 3.00, 4.00, 5.00 or 6.00.</li> <li>3. When the Board receives a report of a facility survey that reveals deficiencies that pose no great risk to resident health and safety and all deficiencies are corrected on or before the follow up survey, the Board staff may close the investigation with no further action, provided that</li> </ol>

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	<p>(a) The finding does not involve a duty specifically the responsibility of the administrator such as but not limited to reporting alleged violations of the Patient Abuse Law or reportable incidents to the Department, or providing timely notification of pending closure as required by state and federal law;</p> <p>(b) there is no history of previous Board investigation of the Nursing Home Administrator;</p> <p>(c) there are no unrelated pending staff assignments, investigations or complaints against the Nursing Home Administrator;</p> <p>(d) the Nursing Home Administrator acknowledges the conduct; and</p> <p>(e) the Nursing Home Administrator is in compliance with continuing education regulations.</p>
<b>Report to Board</b>	At the next scheduled Board meeting, Board staff shall submit a report to the Board listing all actions taken pursuant to this policy since the prior Board meeting.