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Ohio SNF Licensure Rules Update 2025

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Will begin at 1:00 pm

OHCA

Today's Speaker

Tammy Cassidy RN, BSN, LNHA, RAC-MT, CEAL

Tammy Cassidy is a registered nurse with over 30 years of experience in long term care, including Director of Nursing, MDS Coordinator, Corporate Clinical Compliance, Corporate Risk Manager, Vice President of Clinical Quality and Reimbursement, as well as the founder of T. L. Cassidy & Associates, which provided consulting services since 2001. She is also a Licensed Nursing Home Administrator and former CMS DAVE2 reviewer, specializing in MDS accuracy. She has been certified in Gerontological Nursing, MDS, CEAL, and she is a Master Trainer for the AAPACN Resident Assessment Coordinator certification. Ms. Cassidy is a nationally recognized speaker, focusing on MDS, clinical quality, risk management, and regulatory best practices. She is proud to be serving the members of the Ohio Health Care Association as the Regulatory Director.

Background

- Statutory review process every five years
- The Ohio licensure changes were part of the five year review
- Process began in 2024
- Two periods for public comment, one in February 2024 and another in October 2024. OHCA commented in both periods
- Final rules were filed on July 7, 2025
- Rules are effective as of July 17, 2025

Ohio Specific Guidance

- Ohio Revised Code, Chapter 3721 - Statutes
 - <https://codes.ohio.gov/ohio-revised-code/chapter-3721>
- Ohio Administrative Code, Chapter 3701-17 - Rules
 - <https://codes.ohio.gov/ohio-administrative-code/chapter-3701-17>

Ohio Specific Guidance

Statute = The laws

- Broad

Administrative = The rules adopted by state agencies to implement the statutes

- More detailed
- The regulations

OAC Rule 3701-17-01 Definitions

Provides definitions for items included in rules 3701-17-01 to 0701-17-26

- Adds oral hygiene to the definition of Activities of Daily Living
- Chemical Restraint definition changed to:
 - Any drug that is used for discipline or staff convenience and not prescribed to treat medical symptoms
- Defines “full-time” as working thirty or more hours per week
- Updates the definition of “mental impairment” to include:
 - A condition in which a part of a person’s brain has been damaged or is not working properly.
 - Indicates this does not mean intellectual disability

OAC Rule 3701-17-01 Definitions

- Defines Elopement as:
 - Occurs when a resident leaves a home or safe area without the facility's knowledge or without supervision. A situation in which a resident with decision-making capacity leaves the home will not be considered an elopement unless the home has reason to suspect, or the circumstances surrounding the resident's departure indicate, that the departure is unusual or atypical.

Note that the CMS RAI Manual indicates a BIMS (Brief Interview for Mental Status) of 13-15 is Cognitively intact

- Details items that may be included, but not limited to, skilled nursing care

OAC Rule 3701-17-02 Application of Rules

- Minor technical changes

OAC Rule 3701-17-03 Initial, renewal, and change of operator license applications; fees; issuance; revocation; notice.

- Previous version was rescinded
- Specifies requirements for applications to obtain, renew, or transfer a nursing home license
- Incorporates statutory requirements regarding a change of operator application
- Outlines which information must be provided as part of a licensing application
- Specifies remedies available to ODH if a change of operator occurs without a submitted application
- Clarifies that the state and regional long-term care ombudsman must be notified in the event of a nursing home closure or change in information regarding owners and operators

OAC Rule 3701-17-03.1 Expedited initial licensure inspections

- Minor wording changes

OAC Rule 3701-17-03.2

- Previously proposed rule that would establish a \$3200 fee for a change of operator license was withdrawn.

OAC Rule 3701-17-04 Type and number of residents in home; beds

- Minor wording changes

OAC Rule 3701-17-05 Prohibitions

- Reformatting changes
- Adds that a “transient guest” may be related a resident or a staff member

OAC Rule 3701-17-06 Responsibility of operator and nursing home administrator; quality assurance and performance improvement

- Adds additional reporting requirements:
 - a) Real, alleged, or suspected abuse, neglect, or exploitation of a resident, or misappropriation of the property of a resident;
 - b) Elopement of a resident as defined in paragraph (J) of rule 3701-17-01 of the Administrative Code;
 - ODH's preferred method of notification for elopement is via encrypted email to BLTCQ@odh.ohio.gov
 - If the elopement was the result of neglect, providers should continue to report this through EIDC
 - c) Instances when the operator is subject to cash on delivery requirements by any vendors or vendor-initiated contract or delivery cancellations due to non-payment or delinquency;
 - d) Non-payment or delinquent payment of federal, state, or local taxes; and
 - e) Inadequate food, medical, durable medical equipment, incontinence, respiratory or pharmaceutical supplies at the nursing home

OAC Rule 3701-17-06 Responsibility of operator and nursing home administrator; quality assurance and performance improvement

- The administrator is responsible for notifying ODH of any of the following:
 - a) Interruption of essential services, or a notice of potential interruption of essential services, due to lack of payment. Essential services include, but are not limited to, therapy, phone, internet service provider, a utility, food delivery, fire alarm monitoring, and maintenance contracts;
 - b) Inadequate staffing, meaning the nursing home does not have enough staff available to meet the needs of residents based on the acuity and/or number of residents as per the facility's assessment; and
 - c) A known change in the control, ownership or operator of the facility or a change in the company to which the administrator reports

OAC Rule 3701-17-06 Responsibility of operator and nursing home administrator; quality assurance and performance improvement

- Nursing homes will ensure the involvement of the following personnel in the QAPI program as appropriate:
 - Medical Director
 - Nursing Home administrator
 - Director of Nursing
 - Activities Director
 - Social Services Director
 - Dietary Manager
 - Infection Control Coordinator
 - A representative from the nursing home's contracted pharmacy
 - A representative from the nursing home's nurse aides staff
 - After QAPI meetings or discussions the resident council president or their designee will be made aware of necessary items directly concerning them when applicable

OAC Rule 3701-17-06 Responsibility of operator and nursing home administrator; quality assurance and performance improvement

- Must establish an effective system to obtain and use feedback and input from residents and resident representatives on an ongoing basis and communicate QAPI priorities with the resident council on a regular basis
- Adds that the quality assurance committee will conduct a root cause analysis along with tracking, analyzing, investigating and monitoring incidents
- The requirement to participate in at least one quality improvement project every two years from the approved department of again list was removed
 - Replaced with the administrator is obligated to ensure that the nursing home participate in a least one quality improvement project every two years per section 3721.07 of the Revised Code

OAC Rule 3701-17-07 Qualifications and health of personnel

- Adds infection control to the list of trainings required during orientation for each staff member, consultant and volunteer.
- Adds exploitation of a resident to the list of disciplinary actions that would result in a nursing home not being allowed to employ or continue to employ a person for direct care to an older adult.

OAC Rule 3701-17-07.1 Training and competency evaluation for nurse aides working in long-term care facilities

- Adds that a person who has successfully completed a prelicensure program of nursing education approved by the board of nursing, or by an agency of another state that regulates nursing education, and passed the examination accepted by the board of nursing will be deemed as successfully completing a competency evaluation in order to serve as a nurse aide

OAC Rule 3701-17-07.2 Dining assistants

- The eight hours of didactic instruction may now be presented online with the instructor being available at the end of the class for discussion and questions

OAC Rule 3701-17-07.3 Nurse aide registry

- Minor wording changes

OAC Rule 3701-17-08 Personnel standards

Administrator hour requirement changes

- Homes with **fewer** than one hundred bed capacity:
 - Must have an administrator present in the home for no less than 16 hours per week
- Homes with capacity of one hundred **or more**:
 - Must have an administrator present in the home on a full-time basis, at least 30 hours per week for the SNF
- The administrator will designate another staff member to be the point of contact when they are absent due to illness, vacation or an emergency

Based on capacity, not current census

OAC Rule 3701-17-08 Personnel standards

- Adds that each nursing home will have a designated infection prevention and control coordinator

OAC Rule 3701-17-09 Resident life enrichment

- Updates the rule to allow for new technology. For example, in regard to the methods of communication the residents will have access to:
 - Telegrams are replaced with electronic mail
 - Outgoing mail must be unscreened
 - Each resident will have access to telephone or a device for video conferencing
 - Clarifies that each resident can use their own video devices for communication
 - Indicates each resident that is determined to need assistance with communication devices, receives assistance in a timely manner as staffing allows
- The nursing home must have a plan and procedures to provide appropriate visitation in the event of a facility or public health emergency

OAC Rule 3701-17-10 Resident assessment; advanced care planning

- Upon admission, the nursing home will assess each resident in the following areas:
 - a) Cardiovascular, pulmonary, neurological status including auscultation of heart and lung sounds, pulses and vital signs; and
 - b) Hydration and nutritional status, including allergies and intolerances;
 - c) Presenting physical, psycho-social and mental status;
 - d) Ability to conduct the activities of daily living – NEW
 - e) Head to toe skin assessment – NEW
 - f) Risk for elopement – NEW
 - g) Preferences related to discharge timeline – NEW
- Includes development of a baseline care plan upon admission

OAC Rule 3701-17-10 Resident assessment; advanced care planning

- In addition to an admission assessment, a comprehensive assessment will be performed at least annually, within thirty days of the anniversary date of the completion of the resident's last comprehensive assessment. (Not new)
 - Added additional areas of review to the assessment:
 - Head to toe skin status assessment
 - Ability to conduct activities of daily living
 - Risk of elopement
- In addition to an admission and annual comprehensive assessment, a periodic assessment must be completed at least every three months, and with a change in condition. The new assessment items above also apply to these assessments

OAC Rule 3701-17-10 Resident assessment; advanced care planning

- If the nursing home has a designated smoking area, the assessments initially, annually and periodically will also include:
 - An assessment of the resident's ability to smoke without supervision and without a smoking apron
 - An evaluation and changes to cognitive, communicative, mood, or behavioral patterns associated with smoking

OAC Rule 3701-17-11 Infection control

- Rescinds and replaces the previous rule
- Requires each nursing home to establish and implement policies and procedures for the purposes of infection control
- Must have an infection prevention and control coordinator
 - Must work at least part-time and participate in the QAPI committee
 - Further defines qualifications of the infection preventionist
- Must include tuberculosis testing in infection prevention plans
- Must have a written surveillance plan to track infection, report diseases and implement a water management program

OAC Rule 3701-17-12 Notification and reporting of changes in health status, illness, injury and death of a resident

- Clarified that is the responsibility of the administer, or their designee to ensure proper notification of changes in resident status are communicated and documented.

OAC Rule 3701-17-13 Medical supervision

- Indicates that the medical director will ensure medical standards are adhered to during facility emergencies, voluntary closures, and decertification or licensure actions and this can be performed either in-person or virtually
- Clarifies that medical director responsibilities include maintaining surveillance of the health of nursing home staff to avoid the spread of infectious diseases
- The medical director must review all deficiency statements issued to the nursing home concerning the medical director
- Updated methods of communicating orders to include email

OAC Rule 3701-17-14 Plan of care; treatment and care; discharge planning, bathing

- Indicates that a nursing home will begin discharge planning for any resident for whom the initial and subsequent assessment indicated an interest in discharge

OAC Rule 3701-17-15 Restraints

- The quality assurance committee will review use of restraints and isolation, and any incidents that resulted from their use, on a monthly basis, looking for trends

OAC Rule 3701-17-16 Equipment and supplies

- Establishes that each resident will be provided with a clean comfortable flame-resistant mattress suitable for the size of the resident
- If the resident chooses to sleep on an alternate piece of furniture, such as a reclining chair, the nursing home will ensure that a bed meeting the provisions of the rule will remain available to the resident upon request.
- Establishes that resident rooms will have full visual privacy for each resident including blinds, shades, or curtains for each exterior window in a resident's room that the resident may open and close or have opened or closed for them upon request

OAC Rule 3701-17-16 Equipment and supplies

- The call signal system must be accessible directly or through assistive devices assessed to be most appropriate for the resident's physical and cognitive capacity, and is within reach of the resident

OAC Rule 3701-17-17 Medicines and drugs

- Indicates that medications are to be provided in a manner to ensure the privacy of the resident
- Nursing homes will have a plan for making sufficient medications and records or residents' orders available to ensure continuity of care in the event of an emergency evacuation or closure

OAC Rule 3701-17-17 Medicines and drugs

- Resident medications will be available without an interruption in the timely administration of the medication in accordance with the resident's treatment plan.
 - If a medication order changes during the admission process, is not available in house, or will not be available through the pharmacy in time for the resident's next scheduled dose, the nursing home will:
 - Contact the prescriber to obtain additional instructions and/or a prescription for an appropriate alternative medication to be provided to the resident
 - If the original prescriber is not available, the nursing home will contact the nursing home medical director for assistance

OAC Rule 3701-17-19 Records and reports

- Establishes that if applicable, the contact information of the nearest relative or legal guardian is obligated to be reviewed and updated every six months to ensure appropriate notification in the event of an emergency, quarantine, or closure
- Removes guidance that each employee's current home address must be maintained in their personnel file

OAC Rule 3701-17-20 Smoking or use of flame producing devices; waste containers and ash trays

- Updates the rules to include use of electronic smoking devices
- If a nursing home allows outdoor resident smoking, accommodations will be made for residents during adverse weather conditions, public health emergencies, incidents of isolation, or quarantine

OAC Rule 3701-17-21 Dining and recreation rooms; utility rooms; toilet rooms

- Clarifies square footage requirements for nursing homes that close and reopen, build additions, or expand
- In every building constructed or converted to use as a nursing home on or after July 17, 2025, each resident room will have a toilet room directly accessible from each resident sleeping room, except the hand washing basin may be located in either the room containing the toilet or the sleeping room. Toilet rooms are not to be shared between rooms.

OAC Rule 3701-17-22 Building, plumbing and sanitation standards

- Clarified that extermination of pests should be considered urgent and remediation is obligated to commence as soon as possible
- Rule indicating that each nursing home shall prohibit the use of overhead paging within the nursing home except in certain situations, has been removed

OAC Rule 3701-17-23 Limitation of number in wards

- If a nursing home was built prior to December 22, 1964, was discontinued for use, and then use as a nursing home resumes, it must comply with:
 - Having no less than 100 square feet of habitable floor area for single resident rooms and no less than 80 square feet per person if there is more than one occupant
 - Every room occupied for sleeping purposes by residents will be occupied by no more than two residents

OAC Rule 3701-17-24 Temperature regulation in homes

- Each nursing home must have a device, such as a hand held hygrometer or infrared thermometer, to check the ambient temperature of the rooms.

OAC Rule 3701-17-25 Disaster preparedness, fire and carbon monoxide safety

- A paper and electronic copy of the disaster preparedness plan will be maintained off-site to ensure access by the nursing home director or nursing home staff in the event of an emergency
- Policies and procedures to ensure infection prevention and control in the event of an emergency or disaster needing evacuation or other movement of residents will be included in the written disaster preparedness plan
- Semi-annually, the operator will ensure that all staff members are instructed in the home's fire control and evacuation and disaster procedures and kept informed of their duties under the evacuation plan

OAC Rule 3701-17-25 Disaster preparedness, fire and carbon monoxide safety

- Clarifies that carbon monoxide alarms or carbon monoxide detectors will be installed and maintained per Ohio fire code section 1103.9
- Each nursing home will notify the director by phone or electronic mail when there is an interruption affecting the resident health and safety due to an emergency or a disaster involving the nursing home

OAC Rule 3701-17-26 Variances

- Minor wording changes

What was changed from the original draft due to provider and association comments?

- Multiple rules changes from the initial draft to the final version based on comments from OHCA and providers
- The changes ranged from consolidation and rewording of rules to larger changes such as removing minimum hours requirements for infection preventionists, and modifying inclusion of the resident council president in the QAPI program, to instead notifying the president of items that concern them, to name a few

Your voice has an impact!!

Questions?



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