

2026 Regulatory Readiness Guide for Directors of Nursing

What to Prioritize Now to Navigate Regulatory Pressures with Confidence



The role of Director of Nursing has always carried enormous responsibility, and that responsibility continues to grow as regulatory expectations rise across senior living communities.

From staffing mandates and survey readiness to infection control, documentation, and dementia care competency, the pressures are increasing in every direction. It's clear that staying compliant now means being proactive, not reactive.

This guide breaks down **ten key areas** where pressures are intensifying and what you can do to stay ahead and remain compliant.

Inside, you'll find actionable steps, supporting data, and leadership strategies to help your team navigate the pressures with confidence and improve care.



Staffing Minimum Requirements & Documentation

You're already balancing staffing challenges every day, and now surveyors are watching that balancing act more closely than ever. CMS's new staffing standards are reshaping what compliance means, and it's not just about having enough people on the floor.

Only about 6% of nursing homes currently meet all four CMS requirements¹, and nearly half have limited admissions because they cannot find enough caregivers². That means you're not alone in feeling the pressure. The challenge isn't just filling shifts; it's proving your team's consistency, competence, and coverage every time a surveyor asks.

Every staffing hour, credential, and competency must now be documented and verifiable. To stay compliance-ready, your team needs systems that make accuracy effortless, not another pile of spreadsheets.

Did you know?

Only 6% of nursing homes currently meet all four CMS staffing requirements. ¹ Nursing homes nationwide would need to hire an additional 102,000 nurses and nurse aides just to comply with the mandate as currently drafted. ¹

🎯 Where to Focus Now

When your data connects hours, credentials, and training, you can demonstrate compliance without scrambling for records.

The **OIG lists staffing levels and competency as core compliance risk areas³**, which means your team must be able to show that every CNA, LPN, and nurse has verified training and up-to-date credentials. With real-time tracking through Activated Insights Training, you can connect staffing, training, and documentation in one place. It makes survey prep simpler, strengthens your compliance story, and protects your team when scrutiny is high.

Your Survey Readiness Checklist

- Automate training and credential tracking so records stay current and easy to access
- Review PBJ and staffing data each month to catch inconsistencies before surveyors do
- Verify agency and float staff qualifications before scheduling
- Keep competency records for every role and department up to date
- Document how you plan to maintain minimum hours during turnover or leave
- Use training completion reports to show both coverage and competency during surveys



Infection Prevention & Control Training

You've seen how quickly infection control standards can change, and how closely surveyors now review consistency across every department. Infection prevention remains one of the most scrutinized areas in long-term care. Regulators continue to cite facilities for preventable lapses, and even small gaps in training or documentation can lead to deficiencies⁴.

Annual courses alone aren't enough anymore. Compliance now depends on proof that your team can apply infection prevention principles in real situations, not just recall them. Every staff member, from nursing to dietary, needs ongoing refreshers that keep these habits active and visible.

🎯 Where to Focus Now

Strong infection prevention starts with repetition and relevance. Real-world, role-specific training helps staff understand how their daily routines affect infection control from proper PPE use to recognizing early outbreak signs.

In one 2024 study, nursing homes with structured infection prevention programs and consistent training saw higher staff competency and lower infection rates⁵.

Your Survey Readiness Checklist

- Deliver quarterly infection prevention refreshers tied to real-world scenarios
- Assign role-specific modules for CNAs, nurses, dietary, and housekeeping staff
- Validate and document competencies for every role involved in resident care
- Include infection prevention and PPE training in new-hire and agency onboarding
- Audit training records monthly to confirm compliance with F880 standards
- Use completion reports to demonstrate ongoing competency during survey reviews

Stay Survey-Ready with Activated Insights Training



Keep your infection prevention program strong with courses designed to meet real-world survey expectations. Activated Insights Training helps your team stay current, confident, and compliant through ongoing education that is easy to assign and track.

- [An Infection Control Update](#)
- [Nosocomial \(Healthcare-Associated\) Infections](#)
- [Influenza and Other Viral Infections](#)
- [Infection Control: Bloodborne Pathogens & Standard Precautions](#)



Behavioral Health & Dementia Care Competency

You're caring for residents whose needs are more complex—emotionally, cognitively, and behaviorally—than ever before. Nearly half of all residents in residential care communities live with Alzheimer's or another dementia, and more than 60% have a behavioral or psychiatric diagnosis such as depression, anxiety, or bipolar disorder⁶.

Surveyors are watching how your team manages these conditions, from de-escalation to medication monitoring, as a reflection of both safety and quality. Meeting behavioral health standards now means more than awareness. It requires proof that every staff member is trained and confident to respond consistently and with compassion.

🎯 Where to Focus Now

Building behavioral health competency starts with training that goes deeper than awareness. Staff need to practice de-escalation techniques, person-centered dementia care, and psychotropic medication monitoring until those skills feel instinctive.

In one study, 97% of staff reported stronger confidence after completing competency-based dementia training⁸. Another found measurable improvements in both knowledge and caregiving skills following structured dementia-care programs⁷.

When training shifts from awareness to competency, care changes too.

In one study, 97% of staff said dementia training improved their caregiving skills⁸.

Activated Insights Training offers evidence-based dementia and behavioral health courses that help teams respond with confidence.

Featured Courses:

- [Teepa Snow: Dementia 101](#)
- [Communicating with Individuals Living with Alzheimer's and Dementia](#)
- [Alzheimer's Disease and Related Dementias for Senior Living Clinicians](#)
- [Understanding Dementia](#)

Your Survey Readiness Checklist

- Provide annual behavioral-health and dementia-care competency training for all care roles
- Offer specialized modules on de-escalation, person-centered care, and safe medication use
- Validate competencies through observed practice or scenario-based assessments
- Document completion dates and maintain electronic records for every team member
- Reinforce skills during onboarding, performance reviews, and quality-assurance meetings
- Use training reports to demonstrate compliance and continuous improvement



Falls Prevention & Mobility Management

In long-term care, falls are the moment everyone dreads. Between July 2022 and June 2023, nursing home residents experienced more than 42,000 falls resulting in major injury and hospitalization, and 1,900 residents died while hospitalized⁹.

Surveyors want to see not just how your team responds, but what you're doing to prevent the next one. Facilities with stronger staffing, consistent training, and proactive risk assessments have lower fall rates. The message is clear: prevention starts with preparation, not reaction.

🎯 Where to Focus Now

You can't stop every fall. But you can train your team to catch the warning signs before one happens.

That starts with awareness and teaching staff to notice what others might miss. A walker left too far from a chair. Socks that slide instead of grip. A change in gait that doesn't make it into the chart. These are the small details that shape outcomes. Leadership turns those details into action. When your CNAs and nurses know exactly what to look for and what to do next, confidence replaces panic.

Falls are unpredictable, but preparation is not.



Quick Tip: Review every fall incident within 24 hours. Immediate follow-up turns one event into a learning opportunity for the entire team.

Strengthen your fall prevention program with courses designed to reduce risk and improve documentation:

- [Falls in the Elderly](#)
- [Helping Clients with Mobility](#)

Your Survey Readiness Checklist

- Deliver annual fall prevention training for all staff, including mobility and transfer techniques
- Validate competencies for safe use of mobility aids and mechanical lifts
- Incorporate environmental safety checks into daily shift routines
- Train staff on post-fall protocols and incident documentation requirements
- Review fall incident data monthly to identify and address recurring risks
- Use training completion records to demonstrate compliance with prevention standards



Pressure Injury Prevention & Wound Care

Pressure injuries are among the hardest problems to prevent, and the most visible when they happen. They're a core CMS Quality Measure that directly affects your Five-Star Rating¹², and surveyors are paying close attention.

Nationally, 6 to 7% of long-stay residents have a Stage II–IV or unstageable pressure injury¹¹. Across all care settings, these wounds impact more than 2.5 million patients each year, costing \$9–11 billion in care and lost outcomes¹⁰.

The risk is real. But this is one area you can own completely- with the right habits, the right training, and the right systems.

🎯 Where to Focus Now

Prevention doesn't come from protocols alone. It comes from daily awareness. A CNA noticing warmth on a shoulder, a nurse following instinct to check one more spot before finishing rounds. When your team treats prevention as a routine part of care, not another checkbox, it shows up in your outcomes and your surveys.

Training brings that consistency to life. Repositioning, skin checks, and early escalation become second nature when staff understand the **why** behind them.

Best Practice Tip:

Conduct weekly skin rounds that include CNAs. Early detection by frontline staff is one of the strongest predictors of lower pressure-injury rates.

Consistent training helps staff recognize early signs of skin breakdown and take action before harm occurs.

Featured Courses:

- [Preventing Pressure Ulcers](#)
- [How Wounds Heal and How You Can Help](#)
- [Wound Basics](#)
- [Understanding Common Wounds](#)
- [Understanding Wound Dressings](#)

Your Survey Readiness Checklist

- Deliver hands-on prevention training for CNAs and nurses focused on repositioning and early detection
- Validate competencies in wound assessment and documentation accuracy
- Reinforce nutrition's role in skin integrity during team education
- Audit pressure-injury data monthly and address recurring patterns
- Ensure all prevention interventions are recorded in the EHR or care plan
- Use training records and reports to demonstrate proactive compliance



Emergency Preparedness & Disaster Response

When Hurricane Katrina hit, more than 200 nursing home residents lost their lives. That tragedy led to CMS's Emergency Preparedness Rule, and two decades later, the lessons are still being tested.

In 2025, a single overnight outage in Illinois forced ten ventilator residents into hospitals. In Florida, after Hurricane Irma, nursing homes that lost power saw a 25% higher mortality rate within a week¹³. And in Texas, after Hurricane Beryl, thousands of seniors were left without air-conditioning when backup power failed to meet demand.

You don't need another reminder of why preparedness matters — you've seen what happens when systems fail. The question now is: when the next storm hits, will your team know exactly what to do?

🎯 Where to Focus Now

Preparedness isn't paperwork. It's muscle memory. The facilities that respond best are the ones that train like its real, running full drills, testing backup systems, walking staff through what to do when communication lines go down.

Your leadership makes the difference. When every CNA, nurse, and department lead knows their role in a crisis, chaos turns into coordination. Communication stays clear. Residents stay safe.

Your Survey Readiness Checklist

- Conduct quarterly, scenario-based drills for common events (power loss, evacuation, severe weather)
- Ensure every department has clearly defined emergency roles and alternates
- Validate staff competencies for crisis communication and resident evacuation
- Review and update emergency supply inventories and vendor contact lists monthly
- Document all drills and corrective actions for survey readiness
- Include emergency preparedness modules in new-hire and agency onboarding

Quick Tip: Rotate leadership roles during drills so every staff member practices being the point of contact at least once per year.

Featured Courses:

- [Be Prepared for a Disaster](#)
- [Disaster Planning](#)



Medication Administration & Reduction

You already know how fast one missed dose or incomplete record can snowball, from a resident's health to your survey results. Medication safety isn't just another process; it's one of the most scrutinized areas in every inspection.

Nearly **37% of adverse events in nursing homes** are tied to medication errors¹⁶ — most from small, preventable slips in timing, dosage, or documentation. A **5% error rate** is all it takes to trigger a citation under **F759**¹⁷, putting your systems and culture under the microscope.

The pressure is real. But this is one area you can fully control. When every nurse, med tech, and agency staff member is trained and validated the same way, medication safety becomes second nature — not a daily worry.

🎯 Where to Focus Now

Medication safety starts before the med cart ever rolls. Standardized onboarding, consistent competency checks, and refresher training keep skills sharp across every shift.

And just as important? Building a culture where staff feel safe to report mistakes and near misses. The teams that improve fastest are the ones that talk openly about errors, and learn from them.

Your leadership makes that possible. With Activated Insights Training, you can set the standard for med pass consistency, validation, and accountability. Courses reinforce the “Five Rights” of medication administration and teach staff how to prevent — and properly report — errors. Automated tracking turns that consistency into proof of compliance.

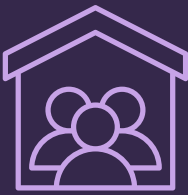
Quick Tip: Review medication error reports with staff each month and celebrate transparency, open reporting builds stronger teams and safer outcomes.

Featured Courses:

- [Medication Management and Administration](#)
- [Medication Safety in Senior Living Facilities](#)
- [Techniques for Safe and Accurate Medication Administration](#)
- [Understanding Common ADRD Medications](#)
- [OASIS-E1: Section N – Medications](#)

Your Survey Readiness Checklist

- Standardize onboarding and validation for all med techs, nurses, and agency staff
- Reinforce the “Five Rights” of medication administration through short, recurring refreshers
- Encourage open reporting and track near misses for system improvement
- Audit medication error data monthly to identify trends and training needs
- Validate competencies before staff perform independent med passes
- Use training completion reports to demonstrate ongoing compliance



Resident Rights & Grievances

Today's residents and families are more informed, more vocal, and more willing to speak up — and that's a good thing when the team is ready for it.

The reality is sobering: resident rights and abuse prevention tags (F550–F609) remain among the top 10 most-cited deficiencies in long-term care. And while most issues aren't intentional, they're often preventable—a missed explanation, a tone taken the wrong way, a complaint that never made it up the chain.

For Directors of Nursing, this is about more than compliance. It's about building a culture where respect isn't a policy, it's a reflex.

Quick Tip: Review grievance logs with frontline staff, not just leadership. Real stories build awareness and empathy faster than policies do.

Featured Courses:

- [Resident Rights in Long-Term Care](#)
- [Complaints, Grievances, and Appeals](#)

🎯 Where to Focus Now

Resident rights come to life in daily interactions. The quiet moments matter most, how staff respond when a resident refuses care, how they listen when families are frustrated, how they document when something feels off.

That kind of awareness doesn't happen by accident. It takes training, reinforcement, and clear leadership expectations. When staff understand HIPAA, informed consent, and how to manage grievances with empathy, they respond faster and document better.

Your Survey Readiness Checklist

- Include resident-rights and grievance training in every new-hire and annual education plan
- Validate understanding of HIPAA, informed consent, and abuse-prevention policies
- Reinforce documentation standards for refusals, grievances, and family communications
- Review grievance logs monthly and follow up on patterns or repeat concerns
- Model transparent communication during leadership rounds and care meetings
- Use training completion reports to demonstrate compliance and cultural alignment



Documentation That Survives Audits

Every DON knows the saying: if it's not documented, it didn't happen. But now, surveyors and auditors are taking that one step further, if it's not documented correctly, it might as well not have happened at all.

The Office of Inspector General found that **22% of nursing home residents experienced an adverse event**, and many of those incidents were either misreported or missing from resident records¹⁹. In recent enforcement cases across several states, organizations faced heavy penalties because their documentation didn't match the care that was actually provided.

Even small inconsistencies can raise red flags. Auditors now cross-check records across multiple systems: staffing logs, MARs, care plans, and even PBJ data, to confirm accuracy. What's written has to match what's real.

Quick Tip: Review one resident record as a team each month. Seeing how different notes connect helps staff understand what surveyors see — and spot inconsistencies early.

Featured Courses:

- [Documenting Adverse Events](#)
- [Documenting Incidents](#)

🎯 Where to Focus Now

Accurate documentation isn't just a regulatory task, it's your team's protection. When staff know what to write, how to phrase it, and when to complete it, their records tell a clear, defensible story of care.

Strong documentation training helps shift the mindset from "charting to finish a task" to "charting to reflect care." Staff should understand the difference between objective and subjective notes — and why words like appears, seems, or probably weaken credibility during audits.

Your Survey Readiness Checklist

- Include documentation standards and audit-readiness training in every annual education plan
- Reinforce the difference between objective and subjective charting during shift huddles
- Use documentation templates and checklists to ensure completeness
- Cross-check care notes, MARs, and staffing records monthly for accuracy
- Conduct random documentation audits and use findings as coaching opportunities
- Keep proof of all documentation training to demonstrate continuous compliance



Building a Culture of Continuous Learning

You've seen it: the eye rolls when another mandatory training reminder goes out. For many staff, "education" still feels like another task to finish, not something that makes their job easier or their care better.

But culture changes when learning feels like growth instead of compliance. When training connects to career goals, recognition, and real improvement, engagement follows. According to Gallup, **employees who strongly agree that their organization encourages them to learn new skills are 47% less likely to be looking for another job²⁰.**

In other words, when people see progress and have the opportunity to grow, they stay.

🎯 Where to Focus Now

Continuous learning doesn't happen by accident, it's modeled. When you celebrate skill-building, promote from within, and link training outcomes to better care, your team starts to see learning as part of the job, not a break from it.

Start small. Highlight staff who complete advanced modules or achieve new competencies. Share how training outcomes connect to fewer falls, stronger documentation, or happier residents. Those small wins compound into a culture where growth becomes the norm.

Make Learning Feel Like Progress, Not Obligation



Quick Tip: Want staff to actually look forward to compliance training? Rebrand it as "Level Up Learning." When you frame it as progress, not paperwork, and use the Activated Insights points system to reward engagement, training turns into something people want to do, not have to do.

Featured Courses:

- [Working with a Team](#)
- [Supporting People Through Difficult Decisions](#)
- [Overcoming Procrastination](#)

Your Survey Readiness Checklist

- Recognize and celebrate staff learning milestones in team meetings and newsletters
- Connect training achievements to improved resident outcomes and satisfaction scores
- Create internal pathways for career progression tied to competency completion
- Use training reports to highlight department growth and development trends
- Offer soft-skill and leadership development courses for high-potential staff
- Reinforce learning as part of daily culture through modeling and feedback

Key Themes for 2026



The facilities that will thrive in 2026 are the ones turning compliance into culture. The past few years have proven that readiness isn't about reacting, it's about building systems, training, and leadership that anticipate what's next.

From reactive to proactive:

Train before deficiencies, not after.

From generic to role-specific:

CNAs, nurses, and dietary staff need content built for how they work and who they serve.

From tracking chaos to automation:

Manual spreadsheets won't sustain a compliant culture, automation will.

From annual to ongoing:

Compliance isn't once a year, it's part of everyday care.

Every one of these shifts starts with training, and the leaders who champion it.

Ready to Build a Stronger, Smarter Training Program?

Directors of Nursing are leading the shift toward proactive compliance. Activated Insights Training helps make that possible with automated tracking, role-based learning paths, and real-time reporting that keep your team ready for every standard, every survey, every day.

[Visit the Training Solution Page](#)

[Speak with Training Expert](#)

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