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SENATE BILL NO. 555

Offered January 14, 2026

Prefiled January 14, 2026

A BILL to amend the Code of Virginia by adding in Article 2 of Chapter 5 of Title 32.1 sections numbered 32.1-138.5:2 and 32.1-138.5:3, relating to nursing homes; physician oversight and resident assessments; civil penalties.

 Patron—Sturtevant

 Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Article 2 of Chapter 5 of Title 32.1 sections numbered 32.1-138.5:2 and 32.1-138.5:3 as follows:

§ 32.1-138.5:2. Periodic medical visits; physician oversight.

A. Notwithstanding any other provision of law, all nursing homes licensed under this chapter shall ensure that each resident receives a visit at least once monthly by a physician, physician assistant, or nurse practitioner.

B. At each visit conducted pursuant to this section, the physician, physician assistant, or nurse practitioner shall:

- 1. Review the resident's total program of care, including medications and treatments;*
- 2. Write, sign, and date progress notes; and*
- 3. Sign and date all orders.*

C. Of the 12 monthly visits conducted each calendar year, two must be completed in person by a physician. The remaining visits may be completed in person or through telehealth or electronic means by a physician, physician assistant, or nurse practitioner.

D. If any monthly visit does not take place in accordance with the schedule described in this section, the nursing home shall send notice to the resident, the resident's family or legal representative, and the Department.

E. Violations of this section may result in administrative sanctions or civil penalties as outlined in §§ 32.1-27.3 and 32.1-135.

§ 32.1-138.5:3. Resident assessment and care planning.

A. All nursing homes licensed under this chapter shall conduct comprehensive assessments of each resident's needs pursuant to subsection B. Such assessments shall accurately describe the resident's capability to perform daily life functions and significant impairments in functional capacity, and shall include:

- 1. Medically defined conditions and prior medical history;*
- 2. Medical status;*
- 3. Physical and mental functional status;*
- 4. Sensory and physical impairments;*
- 5. Nutritional status and requirements;*
- 6. Special treatments or procedures;*
- 7. Psychosocial status;*
- 8. Discharge potential;*
- 9. Dental condition;*
- 10. Activities potential;*
- 11. Rehabilitative potential;*
- 12. Cognitive status;*
- 13. Drug therapy; and*
- 14. Any known advance directives.*

B. The nursing facility shall conduct a complete assessment as described in subsection A:

- 1. No later than 14 days after the date of admission;*
- 2. Promptly after a significant change in the resident's physical or mental condition; and*
- 3. In all cases, at least once every 12 months.*

C. The nursing home shall review each resident's assessment at least once every three months and shall update the plan of care as indicated.

D. Each assessment shall be coordinated by a registered nurse who signs, dates, and certifies completion of the assessment.

E. Each assessment shall be conducted or coordinated with the participation of health professionals. Each

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59 person completing a portion of the assessment shall sign and date such portion of the assessment.

60 F. The nursing home shall use the results of the assessment to develop, review, and revise the resident's
61 comprehensive plan of care.

62 G. The nursing home shall develop a comprehensive plan of care for each resident within seven days of
63 completion of the comprehensive assessment. Such plan shall include measurable objectives and timetables
64 to meet the resident's medical, nursing, nutritional, and psychosocial needs identified in the comprehensive
65 assessment. The plan shall also describe the services that are to be furnished to maintain or improve the
66 resident's physical, mental, and psychosocial status. A copy of such comprehensive plan of care shall be
67 delivered to the resident and the resident's family or legal representative within seven days of completion.

68 H. The comprehensive plan of care required pursuant to subsection G shall be prepared by a
69 multidisciplinary team. The multidisciplinary team shall include a registered nurse, the attending physician,
70 to the extent practicable, and other staff in disciplines as determined by the resident's needs. The resident and
71 the resident's family or legal representative shall also be provided a meaningful opportunity to participate in
72 the care planning.

73 I. If any comprehensive assessment does not take place in accordance with the schedule in subsection B,
74 the nursing home shall send notice to the resident, the resident's family or legal representative, and the
75 Department.

76 J. Violations of this section may result in administrative sanctions or civil penalties as outlined in
77 §§ 32.1-27.3 and 32.1-135.

78 **2. That the Department of Health (the Department) shall monitor compliance with this act and**
79 **maintain a database for each nursing home's compliance rate with physician visit and comprehensive**
80 **assessment requirements. The Department shall publish compliance information on its website and**
81 **develop an accountability scorecard for each nursing home to be published on an annual basis.**