Phase 1 Overview

- Phase I begins 11/28/16

- Full implementation of Basis and Scope (483.1) and Definitions (483.5)

- Regulatory Groupings become Regulatory Sections. Expanded from 15 to 21

- Full implementation of 5 Regulatory Sections

- Minor modifications to 15 other Regulatory Sections

- 20 of the 21 Regulatory Sections have all or some regulations implemented in Phase I
# Regulatory Sections Overview

<table>
<thead>
<tr>
<th>Key:</th>
<th>Resident Rights</th>
<th>Freedom from Abuse Neglect and Exploitation</th>
<th>Admission, Transfer and Discharge Rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully Implemented in Phase I</td>
<td>Resident Assessment</td>
<td>Comprehensive, Person-Centered Care Planning</td>
<td>Quality of Life</td>
</tr>
<tr>
<td>New Regulatory Section</td>
<td>Quality of Care</td>
<td>Physician Services</td>
<td>Nursing Services</td>
</tr>
<tr>
<td>Partially Implemented in Phase I</td>
<td>Behavioral Health Services</td>
<td>Pharmacy Services</td>
<td>Laboratory, radiology and other diagnostic services</td>
</tr>
<tr>
<td>No implementation in Phase I</td>
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<td>Administration</td>
<td>Quality Assurance and Performance Improvement</td>
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<tr>
<td>Compliance and ethics program</td>
<td></td>
<td>Physical Environment</td>
<td>Training Requirements</td>
</tr>
</tbody>
</table>
All new Regulatory Sections except Compliance and Ethics Program have a Phase I Component.

- Freedom from Abuse, Neglect, and Exploitation (483.12)
- Comprehensive Person-Centered Care Planning (483.21)
- Behavioral Health Services (483.40)
- Laboratory, radiology, and Other Diagnostic Service (483.50)
- Quality Assurance and Performance Improvement (483.75)
- Training Requirements (483.95)
- Compliance and Ethics Program (483.85)
The content of Resident Behavior and Facility Practices has been merged with other Regulatory Sections.

Resident Behavior and Facility Practices (483.13)
5 of 21 Regulatory Sections are *Fully Implemented* in Phase I

<table>
<thead>
<tr>
<th>Section</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>Resident Assessment</td>
<td>483.20</td>
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<tr>
<td>Quality of Life</td>
<td>483.24</td>
</tr>
<tr>
<td>Physician Services</td>
<td>483.30</td>
</tr>
<tr>
<td>Laboratory, radiology and other diagnostic services</td>
<td>483.50</td>
</tr>
<tr>
<td>Specialized Rehabilitation</td>
<td>483.65</td>
</tr>
</tbody>
</table>
15 of 21 Regulatory Sections are *Partially Implemented* in Phase I

<table>
<thead>
<tr>
<th>Section</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>Resident Rights</td>
<td>483.10</td>
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<tr>
<td>Freedom from Abuse Neglect and Exploitation</td>
<td>483.12</td>
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<tr>
<td>Admission, Transfer and Discharge Rights</td>
<td>483.15</td>
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<td>Comprehensive, Person-Centered Care Planning</td>
<td>483.21</td>
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<td>483.90</td>
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<td>483.95</td>
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If I identify a potential deficiency associated with a new regulation, how do I cite it in ASPEN?

You’ll use the current F-tags. We’ve created some tools you can reference during Phase I.
Phase 1 Tools in S&C-17-07-NH

- F-tag Job Aide
- Draft Appendix PP
- Regulation Text by Current Tag Order
# Phase 1 Tool Overview

<table>
<thead>
<tr>
<th>Tool</th>
<th>Uses</th>
<th>Current language in black</th>
<th>New language in red italic</th>
<th>Phase(s)</th>
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<tbody>
<tr>
<td>F-tag Job Aide</td>
<td>Identifying the current F-tag associated with a new regulation</td>
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<td>n/a</td>
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<tr>
<td>Draft Appendix PP</td>
<td>Examining updated regulatory language in context</td>
<td>✔</td>
<td>✔</td>
<td>1, 2 and 3</td>
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<tr>
<td>Regulation Text by Current Tag Order</td>
<td>Quickly locating regulatory details about a specific tag</td>
<td>✔</td>
<td>✔</td>
<td>1, 2 and 3</td>
</tr>
</tbody>
</table>
## F-tag Job Aide

This document lists all current FTags, their corresponding regulatory section(s), and subparts. The intent of the job aide is to inform surveyors of what has been added into the Automated Survey Processing Environment (ASPERN) system used during surveys. For example, the advance copy of Appendix PP includes regulation text only for Phases 1-3, whereas ASPEN will include regulation text only for Phase 1.

<table>
<thead>
<tr>
<th>Current FTag Number</th>
<th>Regulatory Text in Appendix PP (Phase 1 - 3)</th>
<th>Regulatory Text ASPEN* (Phase 1)</th>
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<tr>
<td>F150</td>
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<td>483.5</td>
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<tr>
<td>F151</td>
<td>483.10(b)(1)(2)</td>
<td>483.10(b)(1)-(2)</td>
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<tr>
<td>F152</td>
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<tr>
<td>F153</td>
<td>483.10(g)(2)(3)</td>
<td>483.10(g)(2)(3)</td>
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<tr>
<td>F157</td>
<td>483.10(g)(1)(4)</td>
<td>483.10(g)(14)</td>
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<td>483.10(g)(1)(4)</td>
<td>483.10(g)(14)</td>
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<tr>
<td>F164</td>
<td>483.10(g)(1)(4)</td>
<td>483.10(g)(14)</td>
</tr>
</tbody>
</table>
§483.10(b) Exercise of Rights.
The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.

Interpretive Guidelines
Exercising rights means that residents have autonomy and choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the facility’s rules, as long as those rules do not violate a regulatory requirement.

Intent
This regulation is intended to protect each resident in the exercise of his or her rights.
FTags and Regulation Text – Current Tag Order

§483.5 Definitions.
As used in this subpart, the following definitions apply:

**Abuse.** Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. *Willful*, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

**Adverse event.** An adverse event is an untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof.

**Common area.** Common areas are areas in the facility where residents may gather together with other residents, visitors, and staff or engage in individual pursuits, apart from their residential rooms. This includes but is not limited to living rooms, dining rooms, activity rooms, outdoor areas, and meeting rooms where residents are located on a regular basis.

**Composite distinct part.**
(1) *Definition.* A composite distinct part is a distinct part consisting of two or more noncontiguous components that are not located within the same campus, as defined in §413.65(a)(2) of this chapter.
Phase 1 Regulatory Changes Overview

1. Grouped by Regulatory Section in numerical order.
2. Key points and F-tag references for modifications.
3. Information is not provided for F-tags with no regulatory changes.
4. Examine the Phase 1 Tools (S&C-17-07-NH) for specific information.
§ 483.5 Definitions

There are now added definitions of the following:
• Abuse
• Adverse event
• Exploitation
• Misappropriation of resident property
• Mistreatment
• Neglect
• Person-centered care
• Resident representative
• Sexual abuse
• Willful
## Resident Rights Overview

<table>
<thead>
<tr>
<th>Category</th>
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### Key:
- **Fully Implemented in Phase I**
- **New Regulatory Section**
- **Partially Implemented in Phase I**
- **No implementation in Phase I**
§ 483.10 Resident Rights

- Retaining all existing residents’ rights
- Updating the language and organization of the resident rights provisions to improve logical order and readability, such as replacing the term “legal representative” with “resident representative”
- Clarifying regulations where necessary, such as adding information regarding physician credentials
- Updating provisions to include advances such as electronic communications
§ 483.10 Resident Rights—continued

F151 Key Points Look For:

• Resident has the right to exercise his/her rights without interference.

F152 Key Points to Look For:

• Competent residents have the right to designate a resident representative.
• Equal treatment of a same-sex spouses.
• Resident representative exercises their decision-making responsibilities.
• Resident retains the right to make decisions outside the representative’s authority.
• Report concerns about a resident representative as required by State law.
• To cite care planning concerns under F280.
F153 Key Points to Look For:

- Personal and medical records are provided as requested by the individual.
- Records are provided in a manner the resident can understand.
- A reasonable, cost-based fee was assessed as described in the regulation.
§ 483.10 Resident Rights—continued

F155 Key Points to Look For:

• Moves to Quality of Life.

• Resident also has the right to request and/or discontinue treatment or to participate in experimental research.

• Advance Directives - provided by facility or an outside contractor.

• If the adult individual was incapacitated at the time of admission, the information was provided to the resident representative and then to the resident, if the resident condition changed, was no longer incapacitated, and was able to understand the information.
F156 Key Points to Look For:

Residents are:

– Aware of who and how to contact other primary care professionals.
– Received notification such as expanded resources, home and community based service programs.
– Able to request information about returning to the community/the facility had identified that information to provide upon request.

• Made aware of changes to charges for services not covered under Medicare/Medicaid.
• Refunds were made to the resident, resident representative, or estate.
• Admission contract did not conflict with the requirements of these regulations.
§ 483.10 Resident Rights —continued

F158 Key Points to Look For:

• Resident is informed of charges in advance that are imposed and also refer to F162.

F159 Key Points to Look For:

• There are now differing dollar amounts for Medicaid residents and other residents.

F160 Key Points to Look For:

• Conveyance of funds for discharged or evicted residents.
§ 483.10 Resident Rights—continued

F162 Key Points to Look For:

• Residents are not charged for food and nutrition or hospice services.
• Items and services that maybe charged to resident if not required to achieve resident’s goals have been expanded.
• Facility has considered resident food and cultural preferences for meals.
• Resident was informed of any item or service where there is a charge.
§ 483.10 Resident Rights—continued

F163 Key Points to Look For:

• Verify physician is licensed to practice.

• Determine if resident was informed that their attending physician is unable or unwilling to meet the requirements, and that the facility is seeking an alternate physician.

• Ensure resident’s choice of physician is honored as long as they meet the requirements.

F164 Key Points to Look For:

• Ensure medical records are kept confidential except in cases cited in this regulation.
§ 483.10 Resident Rights—continued

F166 Key Points to Look For:

• Determine that residents have information on how to file grievances or complaints.
• Ensure that there is a grievance policy.

F167 Key Points to Look For:

• Ensure that most recent survey results during the 3 preceding years, as well as certification and complaint investigations are posted and readily accessible to residents, resident representatives.
• Ensure that identifying information about complainants or residents are not available.
F168 Key Points to Look For:

- Ensure that facility staff did not prohibit or discourage a resident from communicating with external entities.

F169 Key Points to Look For:

- Facility cannot require a resident to perform services for the facility.
§ 483.10 Resident Rights—continued

F170 Key Points to Look For:

• Privacy of electronic communications is provided.
• Resident is able to receive mail/packages from other than the postal service.

F171 Key Points to Look For:

• Facility supported resident’s right to communication, including the ability to send mail.
§ 483.10 Resident Rights—continued

F172 Key Points to Look For:

• Residents have the right to receive visitors at the time of their choosing.
• Facility has a policy that includes visitation rights.
• Resident or their visitors are informed of the visitation policies.
• Facility staff do not restrict, limit or deny visitation privileges.
• Privileges are consistent with the resident’s preferences.

F174 Key Points to Look For:

• Expanded access to cell phone use, TTY and TTD services.
§ 483.10 Resident Rights—continued

F175 Key Points to Look For:

• Right to choose a roommate.

F176 Key Points to Look For:

• How the facility determined self-administration was clinically appropriate.

F177 Key Points to Look For:

• Facility may not perform a transfer solely for the convenience of staff.
§ 483.10 Resident Rights—continued

F240 Key Points to Look For:

• Every resident is treated with respect and dignity.

• Policies for practices such as transfer, discharge, and equal access to services regardless of payment source.
§ 483.10 Resident Rights—continued

F242 Key Points to Look For:

• Note this will be a Resident Rights tag.
• Resident’s right to choose was afforded to the expanded/clarified requirements.

F243 Key Points to Look For:

• Notify residents and family of upcoming meetings in a timely manner.
F244 Key Points to Look For:

• Facility provided a response and the rationale for their response.

F247 Key Points to Look For:

• Notice was provided in writing and included the reason for the change.
§ 483.10 Resident Rights—continued

F252 Key Points to Look For:

• Ensure the environment maximizes resident independence.

• Responsibility for the protection of the resident’s property.

F280 Key Points to Look For:

• Resident participation in his/her person-centered care plan.
# Freedom from Abuse, Neglect and Exploitation

## Overview

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### Key:

- **Fully Implemented in Phase I**
- **New Regulatory Section**
- **Partially Implemented in Phase I**
- **No implementation in Phase I**
§ 483.12 Freedom from Abuse, Neglect, and Exploitation

• Strengthens existing protections, in addition to review of policies and procedures.

• Adds language related to resident “right to be free from neglect” and “exploitation.”

• Requires facilities to investigate and report all allegations of abusive conduct.

• Individuals who had a disciplinary action taken against their professional license by a state licensure body cannot be hired by facilities.
§ 483.12 Freedom from Abuse, Neglect, and Exploitation—continued

F223 Key Points to Look For:

• Continue to review citations related to abuse, corporal punishment, and involuntary seclusion at F223.

• New definitions for “abuse” and “sexual abuse”.

**Abuse** “the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting in physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.”

**Sexual Abuse** “Non-consensual sexual contact of any type with a resident”
F224 Key Points to Look For:

• Findings of neglect, misappropriation of resident property, and exploitation will be cited under F224.

• Cite F224 if an investigation identifies the facility failed to ensure that residents are free from neglect, misappropriation, and exploitation.

• Review the new definitions for “neglect” and “exploitation” at 42 CFR 483.5.

• Cite F224 when facility has failed to implement policies and procedures to prohibit neglect, misappropriation of resident property, and exploitation.
F225 Key Points to Look For:

- Facility requirement is not limited to only facility employees but also individuals the facility engages.

- Facility must not employ/engage any individuals with:
  - A finding of exploitation or misappropriation of resident property.
  - Have a disciplinary action in effect against his/her professional license that is related to a finding of abuse/neglect/exploitation/mistreatment/misappropriation.

- Alleged violations must be reported immediately.

- Immediate reporting also includes to the State Adult Protective Services agency, if it has jurisdiction in SNF/NFs.
F226 Key Points to Look For:

- Continue to cite F226 when facility has failed to develop and implement policies and procedures to prohibit abuse, neglect, misappropriation of resident property, and exploitation.
F221 Key Points to Look For:

• Deficiencies related to physical restraints will be cited at F221.

F222 Key Points to Look For:

• Deficiencies related to chemical restraints will be cited at F222.
• When the use of restraints is indicated, the facility must:
  o Use the least restrictive alternative for the least amount of time, and
  o Document ongoing re-evaluation of the need for restraints.
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### Resident Assessment
- Freedom from Abuse, Neglect and Exploitation
- Comprehensive, Person-Centered Care Planning

### Quality of Life
- Physician Services
- Nursing Services

### Quality of Care
- Laboratory, radiology and other diagnostic services
- Specialized Rehabilitation Services
- Infection Control

### Behavioral Health Services
- Pharmacy Services

### Dental Services
- Food and Nutrition Services

### Administration
- Quality Assurance and Performance Improvement

### Compliance and ethics program
- Physical Environment
- Training Requirements
§ 483.15 Admission, Transfer, and Discharge Rights

- Transfer or discharge to be documented in medical record, including specific information which should be exchanged with receiving provider or facility when a resident is transferred.
F201 Key Points to Look For:

- Requires additional documentation: If facility has transferred or discharged resident while an appeal is pending.
F203 Key Points to Look For:

- Requires facility to send a copy of transfer or discharge notice to the ombudsman.
- Requires facility to provide resident and/or resident representative with additional information in the notice regarding the process for appealing transfer or discharge.
- Requires facility to update recipients of transfer/discharge notice of any changes to the notice as soon as possible (if the changes occur prior to the transfer or discharge).
§ 483.15 Admission, Transfer, and Discharge Rights—continued

F204 Key Points to Look For:

• New regulatory language at F204 adds that the orientation facilities provided to residents regarding transfer or discharge must be in a manner that they understand.
§ 483.15 Admission, Transfer, and Discharge Rights—continued

F205 Key Points to Look For:

• Changes “readmission” to “return”.

• New language requires facilities to provide written information to resident or representative about payment needed to hold a bed if the individual state requires payments to hold beds.

• Corrections to references in Final Rule.
  – At 483.15(d)(1)(iii), reference to (c)(3) should be (e)(1).
  – At 483.15(d)(1)(iv), reference to (c)(3) should be (c)(5).
  – At 483.15(d)(2), reference to (c)(1) should be (e)(1).
F206 Key Points to Look For:

• If facility decides a resident cannot return to facility, the facility would then discharge resident.

• “Readmission to a composite distinct part” provision is not new but has been added to F206 if concerns are identified regarding this issue.

F207 Key Points to Look For:

• “Room changes in a composite distinct part” is not a new provision but has been added to F207 since it may indicate unequal treatment of residents.
F208 Key Points to Look For:

• Ensure facility has not required resident to waive potential facility liability in the event of loss of property.

• Facility to disclose any special characteristics or limitations of facility.
## Resident Assessment Overview

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<tr>
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- No implementation in Phase I
§ 483.20 Resident Assessment

• Clarification to what constitutes appropriate coordination of a resident’s assessment with the Preadmission Screening and Resident Review (PASARR) program under Medicaid.

• Addition of references to statutory requirements that were inadvertently omitted from the regulation when sections 1819 and 1919 of the Act were first implemented.
§ 483.20 Resident Assessment—continued

F272 Key Points to Look For:

- Resident’s strengths, goals, life history and preferences in his/her comprehensive assessment.
- Evidence of resident and direct care staff participation.
F285 Key Points to Look For:

- Coordination includes:
  1. Incorporating recommendations from PASARR level II determination and evaluation report.
  2. Significant change in Status - referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review.
F286 Key Points to Look For:

- No new regulatory language at F286. Updated the language as “and use the results of the assessments to develop, review and revise the resident’s comprehensive care plan” was not previously included in the SOM.

- Refer to § 483.21 Comprehensive person-centered care planning to evaluate use of resident assessment data results, in the development, review, and revision of resident’s care plan.
## Comprehensive, Person-Centered Care Planning Overview

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**Key:**
- **Fully Implemented in Phase I**
- **New Regulatory Section**
- **Partially Implemented in Phase I**
- **No implementation in Phase I**
• Addition of nurse aide and member of the food and nutrition services staff to required members of interdisciplinary team that develops care plan.
§ 483.21 Comprehensive Person-Centered Care Planning - Continued

• Requires facilities to develop and implement a discharge planning process focusing on resident’s discharge goals and prepares residents to be active partners in post-discharge care, in effective transitions, and in the reduction of factors leading to preventable re-admissions.

• Implementing discharge planning requirements mandated by The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) by revising, or adding where appropriate, discharge planning requirements for LTC facilities.
§ 483.21 Comprehensive Person-Centered Care Planning—continued

F279 Key Points to Look For:

Care Plan must:

• Be centered on resident’s needs and include measurable objectives and time frames.

• Include specialized services facility will provide as a result of the PASARR.

• Have a documented rationale in medical record if they disagree with PASARR findings.

• Include goals for admission and discharge preferences.
F280 Key Points to Look For:

- Facility involved a nurse aide responsible for resident and member of food and nutrition service, along with the attending physician and a registered nurse.
- Any other professionals needed in development of the care plan as based on residents care needs.
- Facility has reviewed and revised care plan after each assessment for both comprehensive and quarterly assessments.
§ 483.21 Comprehensive Person-Centered Care Planning—continued

F281 Key Points to Look For:
- Services outlined in comprehensive care plan meet professional standards of quality.

F283 Key Points to Look For:
- When discharge is anticipated for a resident facility must have discharge summary.
Discharge Planning

- Begins on admission with comprehensive assessment of resident’s discharge goals.
- Included in the care plan.
- Must involve resident and/or representative, and be developed by the interdisciplinary team (including the physician).
Discharge Planning

• Must include documentation of LCA involvement if the resident wishes to be discharged to the community (if not feasible, facility must document).

• Facilities must assist residents/representatives wishing to be discharged to another SNF, HHA, IRF, or LTCH by providing them with standardized patient assessment data (where available), data on quality measures, and resource use (i.e., staffing data) to assist the resident/representative in selecting a provider.
## Quality of Life Overview

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### Key:
- **Fully Implemented in Phase I**
- **New Regulatory Section**
- **Partially Implemented in Phase I**
- **No implementation in Phase I**
§ 483.24 Quality of Life

- No brand new requirements
- “Highest Practicable Well-Being” language in this section
- Each resident to receive and the facility to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident’s comprehensive assessment and plan of care.
F309 Key Points to Look For:

• Resident receives hemodialysis and/or peritoneal dialysis according to care plan.
• Facility staff provides dialysis care consistent with current professional standards of practice.
• Interpretive guidance for quality of life review specifically end of life and/or hospice care.
• Specific intent of the regulatory language at F309.
§ 483.24 Quality of Life—continued

F310 Key Points to Look For:

• Moved to Quality of Life.
• Adds oral care and expanded to include dining (meals and snacks).

F311, 312 Key Points to Look For:

• Moved to Quality of Life.
## Quality of Care Overview

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**Key:**
- Fully Implemented in Phase I
- New Regulatory Section
- Partially Implemented in Phase I
- No implementation in Phase I
§ 483.25 Quality of Care

- Added special care issues, many of which were previously cited under F309, if there were care issues
- Specific areas: restraints, pain management, bowel incontinence, and dialysis services
- Based on comprehensive assessment of a resident, facilities required to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents’ choices.
§ 483.25 Quality of Care—continued

F313, 314 Key Points to Look For:

• No Significant Changes.

F315 Key Points to Look For:

• Residents who are continent receive necessary services to maintain continence;
• Residents with a catheter are assessed for removal as soon as possible; and
• Residents with fecal incontinence receive appropriate treatment and services to restore as much normal bowel function as possible.
F323 Key Points to Look For:

- Facility must attempt to use appropriate alternatives prior to installing a side or bed rail and must ensure the correct installation, use, and maintenance including, but not limited to:
  - Assessing the resident for risk of entrapment.
  - Review risks and benefits of the bedrails with the resident or resident representative and obtain informed consent prior to installation.
  - Ensure the bed’s dimensions are appropriate for the resident’s size and weight.
§ 483.25 Quality of Care—continued

F328 Key Points to Look For:

- Expanded regulatory language in the areas of:
  - Foot care
  - Colostomy, ureterostomy, or ileostomy care
  - Parental Fluids
  - Respiratory care
  - Prostheses
- Expanded regulatory language includes professional standards and care provided in accordance to the comprehensive person-centered care plan.
### Physician Services Overview

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§ 483.30 Physician Services

- Attending physicians to delegate dietary orders to qualified dietitians or other clinically qualified nutrition professionals and therapy orders to therapists.
F385 Key Points to Look For:

- Orders to meet the immediate care and needs of the resident.

F390 Key Points to Look For:

- If dietitian, other clinically qualified nutrition professional, or a qualified therapist has been delegated the task of writing orders:
  - They are able to do so in accordance with State law.
  - The written order was delegated by physician.
  - They are acting under the supervision of a physician.
## Nursing Services Overview

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**Key:**
- **Fully Implemented in Phase I**
- **New Regulatory Section**
- **Partially Implemented in Phase I**
- **No implementation in Phase I**
§ 483.35 Nursing Services

- Addition of competency requirement for determining the sufficiency of nursing staff, based on a facility assessment, which includes but is not limited to the number of residents, resident acuity, range of diagnoses, and the content of individual care plans.
§ 483.35 Nursing Services—continued

F353 Key Points to Look For:

• Sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to each resident.

• Sufficient number of nurse aides, along with other nursing personnel, on a 24-hour basis to provide nursing care to all residents in accordance with resident’s care plans.
§ 483.35 Nursing Services—continued

F497 Key Points to Look For:

• Surveyor needs to determine if in-service training complies with the requirements of 483.95(g):
  
  o Facilities are required to include dementia management and abuse.
  
  o Prevention in their regular in-service education for all Nurse Aides.
## Behavioral Health Services Overview

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§ 483.40 Behavioral Health Services

- Comprehensive assessment and medically related social services.
- New requirement (incorporates highest practicable well-being, specialized rehabilitation, and medical social services).
- Addition of new section focusing on requirement to provide necessary behavioral health care and services to residents, in accordance with their comprehensive assessment and plan of care.
- Addition of “gerontology” to the list of possible human services fields from which a bachelor degree could provide the minimum educational requirement for a social worker.
F319 Key Points to Look For:

- Review of residents who display and/or are diagnosed with mental disorder or psychosocial adjustment difficulty.
- Facility must correct resident’s assessed problem or assist resident in attaining their highest practicable mental and psychosocial well-being.
F320 Key Points to Look For:

- Review of residents who do not have diagnosis of a mental disorder or psychosocial adjustment difficulty to ensure they do not have an avoidable decrease in social interaction since admission to the facility.
# Pharmacy Services Overview

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**Key:**
- **Fully Implemented in Phase I**
- **New Regulatory Section**
- **Partially Implemented in Phase I**
- **No implementation in Phase I**
§ 483.45 Pharmacy Services

- Pharmacist must review a resident’s medical chart during each monthly drug regimen review
- Revision of existing requirements regarding “antipsychotic” drugs to refer to “psychotropic” drugs
- Define “psychotropic drug” as any drug that affects brain activities associated with mental processes and behavior
- Requiring several provisions intended to reduce or eliminate the need for psychotropic drugs, if not clinically contraindicated, to safeguard the resident’s health
§ 483.45 Pharmacy Services—continued

F428 Key Points to Look For:

• Requires new process for medication regimen review (MRR) and requires facilities to develop and maintain policies and procedures to address all aspects of the MRR.
# Laboratory, radiology and other diagnostic Services Overview

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• A physician assistant, nurse practitioner, or clinical nurse specialist may order laboratory, radiology, and other diagnostic services for a resident in accordance with state law, including scope-of-practice laws.
§ 483.50 Laboratory, radiology, and other diagnostic services—continued

F504 Key Points to Look For:

- Facility provides or obtains laboratory services by a physician, physician assistant, nurse practitioner, or clinical nurse specialist in accordance with State law, including scope of practice laws.
F505 Key Points to Look For:

- Facility staff promptly notifies the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician’s orders.
F510 Key Points to Look For:

- Facility provides or obtains radiology and other diagnostic services by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws.
§ 483.50 Laboratory, radiology, and other diagnostic services—continued

F511 Key Points to Look For:

• Facility staff promptly notifies the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician’s orders.
# Dental Services Overview

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**Key:**
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- New Regulatory Section
- Partially Implemented in Phase I
- No implementation in Phase I
§ 483.55 Dental services

- Limited changes to update and clarify
F411 Key Points to Look For:

• Assistance is not only provided when deemed necessary by the facility, but also when requested by the resident.

• Transportation is provided to any location providing dental services, not just the dentist office.

F412 Key Points to Look For:

• Facility submitted an application for reimbursement of dental services under the State plan, if the resident is eligible and wish to participate.
# Food and Nutrition Services Overview

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§ 483.60 Food and Nutrition Services

- Facilities to provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.
• Facilities to employ sufficient staff, including the designation of a director of food and nutrition service, with the appropriate competencies and skills sets to carry out the functions of dietary services while taking into consideration resident assessments and individual plans of care, including diagnoses and acuity, as well as the facility’s resident census.
F360 Key Points to Look For:

- Indications for the emphasis on resident preferences.
F361 Key Points to Look For:

- Demonstration of staff competencies and skills in food service
  - Qualified dietitian or other clinically qualified nutrition professional
    - Within 5 years, if hired prior to November 28, 2016; **there is no grace period**, if hired after Nov 28, 2016
    - The facility must designate staff to serve as the Director of Food and Nutrition Services
      - Within 5 years, if hired prior to November 28, 2016; **one year**, if hired after Nov 28, 2016
  - Explicit regulatory requirement to meet State requirements for food service or dietary managers.
F362 Key Points to Look For:

- Change from “competent” to “safely and effectively.”
- Verify who from the Food and Nutrition Services staff is participating on the interdisciplinary team as required.

F363 Key Points to Look For:

- Facility to ensure the menu reflects the religious, cultural, and ethnic needs of the resident population and input from residents and resident groups.
F364 Key Points to Look For:

- Drinks must now also meet these requirements.
- Expanded to include meeting hydration needs and preferences regarding fluids.
F366 Key Points to Look For:

• Meeting explicit requirements for accommodating resident allergies, intolerances, and preferences.

• Alternatives must also now be appealing to the resident.

F367 Key Points to Look For:

• State surveyors must be aware of their state’s laws governing the ability for the registered/licensed dietitian to write orders. They may not write orders, if not allowed under State law.
F368 Key Points to Look For:

- Meals meeting resident needs, preferences, requests, care plan are now explicitly required.
- Alternative meals/snacks must be provided to residents eating outside of traditional/scheduled times. Food must be suitable, nourishing, and consistent with care plan.

F369 Key Points to Look For:

- Appropriate assistance is provided to the resident to use the assistive devices when consuming meals and snacks.
F371 Key Points to Look For:

- Foods from local producers meet applicable state and local laws or regulations.
- Produce from facility gardens are grown and handled safely.
- Explicit requirement that residents are able to have foods from outside the facility.

F373 Key Points to Look For:

- Interdisciplinary team is responsible for assessing resident for having a feeding assistant, not just the charge nurse.
- Rationale for resident being in feeding assistant program should be reflected in the comprehensive care plan.
## Specialized Rehabilitation Services Overview

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### Resident Rights
- Freedom from Abuse
- Neglect and Exploitation
- Admission, Transfer
- and Discharge Rights

### Resident Assessment
- Comprehensive, Person-Centered Care Planning
- Quality of Life

### Quality of Care
- Physician Services
- Nursing Services

### Behavioral Health Services
- Pharmacy Services
- Laboratory, radiology and other
diagnostic services

### Dental Services
- Food and Nutrition Services

### Administration
- Quality Assurance and Performance Improvement
- Infection Control

### Compliance and ethics program
- Physical Environment
- Training Requirements

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**CMS**

[Image of CMS logo]
§ 483.65 Specialized rehabilitative services

• Addition of respiratory services to those services identified as specialized rehabilitative services.
F406 Key Points to Look For:

- Facility provides, either directly or from an outside resource, respiratory services or services of a lesser intensity as required at § 483.120(c).
- If any specialized rehabilitative services are provided by an outside resource, the requirements at § 483.70(g) should be met.
## Administration Overview

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**Key:**
- Fully Implemented in Phase I
- New Regulatory Section
- Partially Implemented in Phase I
- No implementation in Phase I
Various portions of this section have been relocated into subpart B.
§ 483.70 Administration—continued

F251 Key Points to Look For:

• Social workers - bachelor's degrees can now include gerontology.

F492 Key Points to Look For:

• The regulatory language provides additional protection against discrimination and for protection for health information.
F493 Key Points to Look For:

• Ensure that the administrator reports to and is accountable to the governing body.

F514 Key Points to Look For:

• Medical record should Surveyor should include the resident’s representative.

• Surveyor should ensure that records be kept confidential and only released as authorized by the regulations.
F519 Key Points to Look For:

• When a resident is transferred to the hospital in an emergency situation by another practitioner, it is in accordance with facility policy and consistent with state law.

• Ensure the exchange of resident care information regardless of resident care setting to determine if they can return to the community or be placed in less restricted setting.
F523 Key Points to Look For:

• Written notification of an impending closure must be submitted by the facility to the following:
  o State Survey Agency
  o State LTC ombudsman
  o Residents of the facility
  o Legal representative of the residents (or other responsible parties)

• Ensure the facility does not admit any new residents on or after the date the written notification is submitted.
F526 Key Points to Look For:

- Nursing home must develop and implement a written agreement between the nursing home and a Medicare certified hospice, if the nursing home chooses to allow a Medicare certified hospice to provide hospice care and services in the nursing home.

- If resident chooses to elect the hospice benefit, hospice providers are required to provide many of the same services as the LTC facility.

- Ensure nursing homes have a written agreement with hospice if they chose to arrange for the provision of hospice care with one or more Medicare-certified hospice providers that will specify the roles and responsibilities of each entity.
F527 Key Points to Look For:

- Facilities must electronically submit to CMS complete and accurate staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.

- Direct Care Staff are those individuals who provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being.
# Quality Assurance and Performance Improvement Overview

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**Key:**
- Fully Implemented in Phase I
- New Regulatory Section
- Partially Implemented in Phase I
- No implementation in Phase I
§ 483.75 Quality Assurance and Performance Improvement

• Facilities will develop, implement, and maintain effective comprehensive, data-driven QAPI program that focuses on systems of care, outcomes of care, and quality of life.
§ 483.75 Quality Assurance and Performance Improvement—continued

F520 Key Points to Look For:

• Contains clarifying language regarding committee members.
• Facility must report to their governing body or designated persons regarding its activities.
• QA & A Committee must meet at least quarterly
# Infection Control Overview

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- CMS Logo: Centers for Medicare & Medicaid Services
§ 483.80 Infection Control

• Facilities to develop an Infection Prevention and Control Program (IPCP)
F441 Key Points to Look For:

• Developed and implemented an infection control program:
  o When and to whom to report infections.
  o What types of transmission-based precautions will be used and when to use them.
  o Infection control incidents and the facility’s corrective actions.
§ 483.80 Infection Control—continued

F441 Key Points to Look For - Continued:

• Appropriate use of standard precautions including:
  
  o Hand hygiene
  
  o Respiratory and cough etiquette
  
  o Use of personal protective equipment
  
  o Safe injection practices
  
  o Safe handling of potentially contaminated equipment or surfaces are used and implemented

• The IPCP policies and procedures are reviewed and updated annually.
## Physical Environment Overview

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**Key:**
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- **Partially Implemented in Phase I**
- **No implementation in Phase I**
§ 483.90 Physical Environment

• Facilities that are constructed, re-constructed, or newly certified after the effective date of this regulation to accommodate no more than two residents in a bedroom.

• Facilities that are constructed, or newly certified after the effective date of this regulation to have a bathroom equipped with at least a commode and sink in each room.
§ 483.90 Physical Environment—continued

F457 Key Points to Look For:

• Bedrooms must accommodate no more than two residents.

F461 Key Points to Look For:

• Follow manufacturers’ recommendations and specifications for installing and maintaining bed rails, and conduct regular inspections.
§ 483.90 Physical Environment—continued

F461 Key Points to Look For:

- Resident room must be equipped with/or located near toilet and bathing facilities. If facility received approval of construction, or are newly certified after November 28, 2016, each residential room must have its own bathroom equipped with at least a commode and sink.
## Training Requirements Overview

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*CMS (Centers for Medicare & Medicaid Services)*
§ 483.95 Training Requirements

• New section to subpart B
• Facilities must develop, implement, and maintain an effective training program for all new and existing staff
• Other individuals must be trained, consistent with their specific roles
  – Contract staff
  – Volunteers
§ 483.95 Training Requirements

**F495 Key Points to Look For:**

- Addresses required in-service training for nurse aides.
- Includes dementia management training and resident abuse prevention training.

**F373 Key Points to Look For:**

- A facility must not use any individual working in the facility as a paid feeding assistant unless that individual has successfully completed a State-approved training program for feeding assistants.