



PACAH 2019 Spring Conference  
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# New Regulations, New Challenges

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# CMS Focus

- Examine how surveyors identify issues such as abuse, facility staffing levels, and dementia care
- Clarify expectations re when abuse must be reported
- Update Nursing Home Compare to make it easier to identify specific instances of non-compliance re abuse or inappropriate antipsychotic medication use

Seema Verma, "Ensuring Safety and Quality in America's Nursing Homes,  
<https://www.cms.gov/blog/ensuring-safety-and-quality-americas-nursing-homes>

# CMS Focus

- New ways to identify abuse and stop it in its tracks
- Enhance collaboration across CMS regional staff, who work with providers particularly when serious quality issues like abuse are identified
- Explore the possible use of Medicare claims data and associated adverse outcomes or indicators, including use of artificial intelligence and text mining, to inform survey and oversight process, especially for individuals transferred from a nursing home to a hospital

# CMS Focus

- More effectively identify workers with a history of abuse
- Strengthen oversight to ensure that survey findings reflect the quality of facilities, regardless of their location

# CMS Antipsychotic Medication Initiative (3/1/2019)

- Increase oversight and enforcement of SNFs that have not improved antipsychotic medication utilization rates for long-stay residents since 2011, or “late adopters”
- Impose stricter sanctions like denying payment for new admissions and per-day Civil Money Penalties on late adopters that have a history of noncompliance with chemical restraints, dementia care, and psychotropic drugs, and have been determined in a current survey to be out of substantial compliance with those requirements

# Determination of Findings and Potential to Foresee Abuse

"It has been reported that some facilities have identified that they are in compliance with F600 . . .- because they could not foresee that abuse would occur and they have "done everything to prevent abuse," such as conducted screening of potential employees, assessed residents for behavioral symptoms, monitored visitors, provided training on abuse prevention, suspended or terminated employment of the perpetrator, developed and implemented policies and procedures to prohibit abuse, and met reporting requirements. However, this interpretation would not be consistent with the regulation, which states that "the resident has the right to be free from verbal, sexual, physical, and mental abuse..."

# Abuse, Neglect, Exploitation & Misappropriation

- F607: 483.12(b)(4) The facility must develop and implement written policies and procedures that:
  - Establish coordination with the QAPI program
- Other related policies & procedures
  - Prevention
  - Investigation
  - Training

# **Freedom From Abuse, Neglect and Exploitation**

- F 600 – Right to be free from abuse, neglect & exploitation
- F602 – Exploitation and misappropriation
- F603 – Involuntary seclusion
- F604 – Physical restraints
- F605 – Chemical restraints
- F606 – Not employ/engage individual who was found guilty by a court or has finding on nurse aid registry; staff includes employees, medical director, consultants, contractors, volunteers, caregivers, students
- F607 – Policies and procedures re prohibiting abuse, neglect and exploitation, investigation, training
- F608 – Elder Justice Act
- F609 – Reporting of alleged violations involving abuse, neglect and exploitation
- F610 – Investigate, prevent and correct

# Abuse Reporting Guidelines

	F608  42 CFR 483.12(b)(5) and Section 1150B of the Act (ELDER JUSTICE ACT)	F609  42 CFR 483.12(c)
What?	<b>Any reasonable suspicion of a crime against a resident</b>	<b>1) All alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property</b>  <b>2) The results of all investigations of alleged violations</b>
Who is required to report?	<b>Any covered individual, including the owner, operator, employee, manager, agent or contractor of the facility</b>	<b>The facility</b>
To whom?	<b>State Survey Agency (SA) and one or more law enforcement entities for the political subdivision in which the facility is located (i.e., police, sheriffs, detectives, public safety officers; corrections personnel; prosecutors; medical examiners; investigators; and coroners)</b>	<b>The facility administrator and to other officials in accordance with State law, including to the SA and the adult protective services where state law provides for jurisdiction in long-term care facilities</b>
When?	<b>Serious bodily injury- Immediately but not later than 2 hours* after forming the suspicion</b>  <b>No serious bodily injury-not later than 24* hour</b>	<b>All alleged violations-Immediately but not later than</b>  <b>1) 2 hours- if the alleged violation involves abuse or results in serious bodily injury</b>  <b>2) 24 hours- if the alleged violation does not involve abuse and does not result in serious bodily injury.</b>

# Comprehensive Care Plans

- F659: §483.21(b)(3)
- The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—
  - (iii) Be culturally-competent and trauma-informed.

# Trauma Informed Care

- F699: §483.25(m)
- Must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident

# Behavioral Health (BH) Services

- F741: 483.40(a)(1)
  - (a) Sufficient, competent staff with skill set
  - (1) As related to residents with a history of trauma and/or post-traumatic stress disorder
    - ▶ Expand existing BH processes to include staff assessments/competencies for caring for residents with a history of trauma and/or post-traumatic stress disorder
    - ▶ Address in facility assessment

# Governing Body & QAPI

- F837: 483.70 (d)(3) Governing body responsibility for QAPI program
  - Board must have responsibility and accountability for QAPI
    - ▶ “Governing body” refers to individuals such as facility owner(s), Chief Executive Officer(s), or other individuals who are legally responsible to establish and implement policies regarding the management and operations of the facility
    - ▶ *Tip: Get this on Board agenda before November 28, 2019*

# QAPI

- F865: 483.75(a) Each facility, *including a facility that is part of a multiunit chain*, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life

# QAPI

- (a)(1) Maintain documentation and demonstrate evidence of ongoing QAPI program
  - Systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events
  - Documentation demonstrating development, implementation, and evaluation of corrective actions or performance improvement activities

# QAPI

- (a)(3) Present QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request
- (a)(4) Present documentation and evidence of its ongoing QAPI program's implementation and compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request

# QAPI Design & Scope

- (b)(1) Address all systems of care & management practices
- (b)(2) Include clinical care, quality of life, & resident choice
- (b)(3) Utilize best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations shown to be predictive of desired outcomes
- (b)(4) Reflect the complexities, unique care, and services that the facility provides [*facility assessment*]

# QAPI Governance & Leadership

- (f) Governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:
- (f)(1) Ongoing program is defined, implemented, maintained and addresses identified priorities
- (f)(2) Program is sustained during transitions in leadership and staffing

# QAPI Governance & Leadership

- (f)(3) Program is adequately resourced, including ensuring staff time, equipment, and technical training as needed
- (f)(4) Program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, *resident and staff input*, & other information

# QAPI Governance & Leadership

- (f)(5) Corrective actions address gaps in systems, and are evaluated for effectiveness;
- (f)(6) Clear expectations are set around safety, quality, rights, choice, and respect

# **QAPI Feedback, Data Systems & Monitoring**

- F866: 483.75(c) Must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring
- (c)(1) Effective systems to obtain and use feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify high risk, high volume, or problem-prone problems, and opportunities for improvement

# **QAPI Feedback, Data Systems & Monitoring**

- (c)(2) Effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment and how such information will be used to develop and monitor performance indicators
- (c)(3) Development, monitoring, and evaluation of performance indicators, including methodology & frequency for such development, monitoring, and evaluation

# **QAPI Feedback, Data Systems & Monitoring**

- (c)(4) Adverse event monitoring, including the methods by which facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events

# **QAPI Program Systematic Analysis And Systemic Action**

- F867: 483.75(d)
- (d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained

# QAPI Program Systematic Analysis And Systemic Action

- (d)(2) Develop and implement policies addressing *how* facility will:
  - (i) Use a systematic approach to determine underlying causes of problems impacting larger systems
  - (ii) Develop corrective actions designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems
  - (iii) Monitor effectiveness of performance improvement activities to ensure that improvements are sustained

# QAPI Program Activities

- 483.75(e)(1) Must set priorities for performance improvement activities that:
  - Focus on high-risk, high-volume, or problem-prone areas
  - Consider the incidence, prevalence, and severity of problems in those areas
  - Affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care

# QAPI Program Activities

- (e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout facility
- (e)(3) Must conduct distinct performance improvement projects. The number and frequency of improvement projects must reflect the scope and complexity of services and available resources, as reflected in the facility

# **QAPI Program Activities**

- (e)(3) Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section

# QAA Committee

- 483.75(g)(2) QAA committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI Committee must:
  - (ii) Develop & implement appropriate plans of action to correct identified quality deficiencies;
  - (iii) Regularly review & analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, & act on available data to make improvements.

# QAA Committee

- F868: 483.75(g)(1) QAA committee must consist of
    - (i) DON
    - (ii) Medical Director or designee
    - (iii) At least 3 other members of staff, at least one of whom must be NHA, owner, board member or other person in a leadership role
    - (iv) Infection preventionist (IP) [Phase 3]
- *Tip: Do not forget Infection Control Committee and community representative*

# Infection Preventionist (IP)

- F882: 483.80(b) Must designate one or more individual(s) as IP responsible for Infection Control & Prevention Program (IPCP). IP must:
  - (b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field
  - (b)(2) Be qualified by education, training, experience or certification;
  - (b)(3) Work at least part-time at the facility
  - (b)(4) Have completed specialized training in infection prevention and control

# IP Role on QAA Committee

- 483.80(c) IP, or at least one of the individuals if there is more than one IP, must be a member of the QAA committee *and* report to the committee on the IPCP on a regular basis
  - ▶ *TIP: Put the IP report on the IPCP as a standing agenda item for the QAA*

# Compliance and Ethics Program (CEP) Definitions

- F895: 483.85
- CEP, *with respect to a facility*, is a *program of the operating organization* that has been reasonably designed, implemented, and enforced so that it is likely to be effective in preventing and detecting criminal, civil, and administrative violations and in promoting quality of care; and includes, at a minimum, the required components

# CEP: Definitions

- High-level personnel: individual(s) who have substantial control over the operating organization or who have a substantial role in the making of policy within the operating organization
- Operating organization: means individual(s) or entity that operates a facility
- Additional requirements for operating organizations with five or more facilities

# CEP Components Generally

- Written CEP standards, policies, and procedures capable of reducing the prospect of criminal, civil, and administrative violations and promoting quality of care
- Assignment of specific high-level personnel with responsibility to oversee compliance
- Sufficient resources and authority to the individual responsible to oversee the compliance and ethics program

# CEP Components Generally

- Effective communication of the standards, policies and procedures to entire staff, individuals providing services under a contractual arrangement, and volunteers, consistent with their expected roles
- Auditing and/or monitoring *and* an anonymous reporting mechanism

# CEP Components Generally

- Enforcement through appropriate discipline
- Take all reasonable steps to respond appropriately to violations and to prevent future violations
- Conduct annual review of CEP and revise as needed to reflect changes in all applicable laws or regulations to improve performance in deterring, reducing, and detecting violations and in promoting quality of care

# CEP Components: 5 or More SNFs

- Mandatory annual staff training
- Designated compliance officer who reports to governing body and is not subordinate to general counsel, chief financial officer, or chief operating officer
- Designated compliance liaison at each facility

# Physical Environment: Call System

- F 919: 483.90
  - (g)(1) Call system from each resident's bedside
    - ▶ Allow residents to call for staff assistance through a communication system which relays the call directly to staff member or to a centralized staff work area from the resident's bedside, toilet and bathing facility

# Training

- F940: 483.95 Develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles
  - Determine the amount and types of training necessary based on a facility assessment

# Training Topics

- F941: 483.95(a) Communication: effective communications for direct care personnel (mandatory)
- F941: 483.95(b) Resident Rights and Facility Responsibilities
- F944: 483.95(d) QAPI: mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program

# Training Topics

- F945: 483.95(e) Infection control--mandatory training that includes the written standards, policies, and procedures for the IPCP
- F946: CEP: effective way to communicate the program's standards, policies, and procedures through a training program or in another practical manner which explains the CEP
  - Annual training if the operating organization operates five or more SNFs

# Training Topics

- F947: 483.95(g)(3) Required in-service training for nurse aides:
  - Address areas of weakness as determined in nurse aides' performance reviews and facility assessment and the special needs of residents as determined by the facility staff
- F949: Behavioral health training consistent with the requirements at §483.40 and as determined by the facility assessment

# Phase 3 of the ROPs: Training

- QAPI & Infection Control: written standards, policies, and procedures for each program
- Compliance and Ethics: operating organization for each SNF must include training as a part of their compliance and ethics program
  - ▶ *Annual training* if the operating organization operates five or more facilities

# Phase 3 of the ROPs: Training

- Behavioral Health Training: training of entire staff based on facility assessment
- Applies to new and existing staff, contractors and volunteers

# Free Nursing Home Infection Preventionist Training

- 23 modules and submodules including an overview of the IPC program and role of the IP, infection surveillance and outbreak management, infection prevention practices such as hand hygiene, and antibiotic stewardship
- Total time to complete course approx. 20 hours
- Certification available  
[https://www.train.org/cdctrain/training\\_plan/3814](https://www.train.org/cdctrain/training_plan/3814)

# CMS Hand in Hand: A Training Series for Nursing Homes

- Focuses on caring for residents with dementia and preventing abuse
- Five modules
  - Four on dementia
  - One on preventing and responding to abuse

[https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMSPHinHand\\_DL](https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMSPHinHand_DL)

[https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMSPHIH\\_ONL](https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMSPHIH_ONL)

# CMS Resources

- QAPI
  - <https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/qapiresources.html>
- Dementia care
  - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes.html>

# CMS Nursing Home Staff Competency Assessment Toolkit

- Certified Nursing Assistants (CNA)/Certified Medication Technicians (CMT)
- Licensed Practical/Vocational Nurses (LVN/LPN) and Registered Nurses (RN)
- Assistant directors of nursing (ADON), directors of nursing (DON) and administrators <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.html>

# CMS Nursing Home Employee Satisfaction Survey Toolkit

- CMS help to recruit, motivate and retain staff
- Free, anonymous survey offers facility employees an opportunity to share their perceptions about the nursing home workplace
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.html>

## Federal Regulatory Groups for Long Term Care Facilities

\* Substandard quality of care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red

### F540 Definitions

#### 483.10 Resident Rights

- F550 \*Resident Rights/Exercise of Rights
- F551 Rights Exercised by Representative
- F552 Right to be Informed/Make Treatment Decisions
- F553 Right to Participate in Planning Care
- F554 Resident Self-Admin Meds-Clinically Appropriate
- F555 Right to Choose/Be Informed of Attending Physician
- F557 Respect, Dignity/Right to have Personal Property
- F558 \*Reasonable Accommodations of Needs/Preferences
- \*Choose/Be Notified of Room/Roommate Change
- F560 Right to Refuse Certain Transfers
- \*Self Determination
- F562 Immediate Access to Resident
- F563 Right to Receive/Deny Visitors
- F564 Inform of Visitation Rights/Equal Visitation Privileges
- \*Resident/Family Group and Response
- F566 Right to Perform Facility Services or Refuse
- F567 Protection/Management of Personal Funds
- F568 Accounting and Records of Personal Funds
- F569 Notice and Conveyance of Personal Funds
- F570 Surety Bond - Security of Personal Funds
- F571 Limitations on Charges to Personal Funds
- F572 Notice of Rights and Rules
- F573 Right to Access/Purchase Copies of Records
- F574 Required Notices and Contact Information
- F575 Required Postings
- F576 Right to Forms of Communication with Privacy
- F577 Right to Survey Results/Advocate Agency Info
- F578 Request/Refuse/Discontinue Treatment: Formulate Adv Di
- F579 Posting/Notice of Medicare/Medicaid on Admission
- F580 Notify of Changes (Injury/Decline/Room, Etc.)
- F582 Medicaid/Medicare Coverage/Liability Notice
- F583 Personal Privacy/Confidentiality of Records
- F584 \*Safe/Clean/Comfortable/Homelike Environment
- F585 Grievances
- F586 Resident Contact with External Entities

#### 483.12 Freedom from Abuse, Neglect, and Exploitation

- F600 \*Free from Abuse and Neglect
- F602 \*Free from Misappropriation/Exploitation
- F603 \*Free from Involuntary Seclusion
- F604 \*Right to be Free from Physical Restraints
- F605 \*Right to be Free from Chemical Restraints
- F606 \*Not Employ/Enforce Staff with Adverse Actions
- F607 \*Develop/Implement Abuse/Neglect, etc. Policies
- F608 \*Reporting of Reasonable Suspicion of a Crime
- F609 \*Reporting of Alleged Violations
- F610 \*Investigate/Prevent/Correct Alleged Violation

#### 483.15 Admission, Transfer, and Discharge

- F620 Admissions Policy
- F621 Equal Practices Regardless of Payment Source
- F622 Transfer and Discharge Requirements
- F623 Notice Requirements Before Transfer/Discharge
- F624 Preparation for Safe/Orderly Transfer/Discharge
- F625 Notice of Bed Hold Policy Before/Upon Transfer
- F626 Permitting Residents to Return to Facility

#### 483.20 Resident Assessments

- F635 Admission Physician Orders for Immediate Care
- F636 Comprehensive Assessments & Timing
- F637 Comprehensive Assmt After Significant Change
- F638 Quarterly Assessment At Least Every 3 Months
- F639 Maintain 15 Months of Resident Assessments
- F640 Encoding/Transmitting Resident Assessment
- F641 Accuracy of Assessments
- F642 Coordination/Certification of Assessment
- F644 Coordination of PASARR and Assessments
- F645 PASARR Screening for MD & ID
- F646 MD/ID Significant Change Notification

#### 483.21 Comprehensive Resident Centered Care Plans

- F655 Baseline Care Plan
- F656 Develop/Implement Comprehensive Care Plan
- F657 Care Plan Timing and Revision
- F658 Services Provided Meet Professional Standards
- F659 Qualified Persons
- F660 Discharge Planning Process
- F661 Discharge Summary

#### 483.24 Quality of Life

- F675 \*Quality of Life
- F676 \*Activities of Daily Living (ADLs)/ Maintain Abilities
- F677 \*ADL Care Provided for Dependent Residents
- F678 \*Cardio-Pulmonary Resuscitation (CPR)
- F679 \*Activities Meet Interest/Needs of Each Resident
- F680 \*Qualifications of Activity Professional

#### 483.25 Quality of Care

- F684 \*Quality of Care
- F685 \*Treatment/Devices to Maintain Hearing/Vision
- F686 \*Treatment/Svcs to Prevent/Heal Pressure Ulcers
- \*Foot Care
- F688 \*Increase/Prevent Decrease in ROM/Mobility
- F689 \*Free of Accident Hazards/Supervision/Devices
- F690 \*Bowel/Bladder Incontinence. Catheter. UTI
- F691 \*Colostomy, Urostomy, or Ileostomy Care
- F692 \*Nutrition/Hydration Status Maintenance
- F693 \*Tube Feeding Management/Restore Eating Skills
- F694 \*Parenteral/IV Fluids
- F695 \*Respiratory/Tracheostomy care and Suctioning
- \*Prostheses
- F697 \*Pain Management
- F698 \*Dialysis
- F699 \*{PHASE-3} Trauma Informed Care
- F700 \*Bedrails

#### 483.30 Physician Services

- F710 Resident's Care Supervised by a Physician
- F711 Physician Visits- Review Care/Notes/Order
- F712 Physician Visits-Frequency/Timeliness/Alternate NPPs
- F713 Physician for Emergency Care. Available 24 Hours
- F714 Physician Delegation of Tasks to NPP
- F715 Physician Delegation to Dietitian/Therapist

#### 483.35 Nursing Services

- F725 Sufficient Nursing Staff
- F726 Competent Nursing Staff
- F727 RN 8 Hrs/7 days/Wk. Full Time DON
- F728 Facility Hiring and Use of Nurse
- F729 Nurse Aide Registry Verification, Retraining

## Federal Regulatory Groups for Long Term Care Facilities

\* Substandard quality of care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red

F730 Nurse Aide Perform Review – 12Hr/Year In-service  
 F731 Waiver-Licensed Nurses 24Hr/Dav and RN Coverage  
 F732 Posted Nurse Staffing Information

### 483.40 Behavioral Health Services

F740 Behavioral Health Services  
 F741 Sufficient/Competent Staff-Behav Health Needs  
 F742 \*Treatment/Svc for Mental/Psychosocial Concerns  
 F743 \*No Pattern of Behavioral Difficulties Unless Unavoidable  
 F744 \*Treatment /Service for Dementia  
 F745 \*Provision of Medically Related Social Services

### 483.45 Pharmacy Services

F755 Pharmacy Svcs/Procedures/Pharmacist/Records  
 F756 Drug Regimen Review. Report Irregular. Act On  
 F757 \*Drug Regimen is Free From Unnecessary Drugs  
 F758 \*Free from Unnec Psychotropic Meds/PRN Use  
 F759 \*Free of Medication Error Rates of 5% or More  
 F760 \*Residents Are Free of Significant Med Errors  
 F761 Label/Store Drugs & Biologicals

### 483.50 Laboratory, Radiology, and Other Diagnostic Se

F770 Laboratory Services  
 F771 Blood Blank and Transfusion Services  
 F772 Lab Services Not Provided On-Site  
 F773 Lab Svcs Physician Order/Notify of Results  
 F774 Assist with Transport Arrangements to Lab Svcs  
 F775 Lab Reports in Record-LabName/Address  
 F776 Radiology/Other Diagnostic Services  
 F777 Radiology/Dia. Svcs Ordered/Notify Results  
 F778 Assist with Transport Arrangements to Radiology  
 F779 X-Ray/Diaognostic Report in Record-Sign/Dated

### 483.55 Dental Services

F790 Routine/Emergency Dental Services in SNFs  
 F791 Routine/Emergency Dental Services in NFs

### 483.60 Food and Nutrition Services

F800 Provided Diet Meets Needs of Each Resident  
 F801 Qualified Dietary Staff  
 F802 Sufficient Dietary Support Personnel  
 F803 Menus Meet Res Needs/Prep in Advance/Followed  
 F804 Nutritive Value/Appear .Palatable/Prefer Temp  
 F805 Food in Form to Meet Individual Needs

F806 Resident Allergies. Preferences and Substitutes  
 F807 Drinks Avail to Meet Needs/Preferences/ Hydration  
 F808 Therapeutic Diet Prescribed by Physician  
 F809 Frequency of Meals/Snacks at Bedtime  
 F810 Assistive Devices - Eating Equipment/Utensils  
 F811 Feeding Asst -Training/Supervision/Resident  
 F812 Food Procurement, Store/Prepare/Serve - Sanitary  
 F813 Personal Food Policy  
 F814 Dispose Garbage & Refuse Properly

### 483.65 Specialized Rehabilitative Services

F825 Provide/Obtain Specialized Rehab Services  
 F826 Rehab Services- Physician Order/Qualified Person

### 483.70 Administration

F835 Administration  
 F836 License/Comply w/Fed/State/Local Law/Prof Std  
 F837 Governing Body  
 F838 Facility Assessment  
 F839 Staff Qualifications  
 F840 Use of Outside Resources  
 F841 Responsibilities of Medical Director  
 F842 Resident Records - Identifiable Information  
 F843 Transfer Agreement  
 F844 Disclosure of Ownership Requirements  
 F845 Facility closure-Administrator  
 F846 Facility closure  
 F849 Hospice Services  
 F850 \*Qualifications of Social Worker >120 Beds  
 F851 Payroll Based Journal

### 483.75 Quality Assurance and Performance Improvement

F865 QAPI Program/Plan. Disclosure/Good Faith Attempt  
 F866 {PHASE-3} QAPI/QAA Data Collection and Monitoring  
 F867 QAPI/QAA Improvement Activities  
 F868 QAA Committee

### 483.80 Infection Control

F880 Infection Prevention & Control  
 F881 Antibiotic Stewardship Program  
 F882 {PHASE-3} Infection Preventionist Qualifications/Role  
 F883 \*Influenza and Pneumococcal Immunizations

### 483.85 {PHASE-3} Compliance and Ethics Program

F895 {PHASE-3} Compliance and Ethics Program

### 483.90 Physical Environment

F906 Emergency Electrical Power System  
 F907 Space and Equipment  
 F908 Essential Equipment, Safe Operating Condition  
 F909 Resident Bed  
 F910 Resident Room  
 F911 Bedroom Number of Residents  
 F912 Bedrooms Measure at Least 80 Square Ft/Resident  
 F913 Bedrooms Have Direct Access to Exit Corridor  
 F914 Bedrooms Assure Full Visual Privacy  
 F915 Resident Room Window  
 F916 Resident Room Floor Above Grade  
 F917 Resident Room Bed/Furniture/Closet  
 F918 Bedrooms Equipped/Near Lavatory/Toilet  
 F919 Resident Call System  
 F920 Requirements for Dining and Activity Rooms  
 F921 Safe/Functional/Sanitary/Comfortable Environment  
 F922 Procedures to Ensure Water Availability  
 F923 Ventilation  
 F924 Corridors Have Firmly Secured Handrails  
 F925 Maintains Effective Pest Control Program  
 F926 Smoking Policies

### 483.95 Training Requirements

F940 {PHASE-3} Training Requirements - General  
 F941 {PHASE-3} Communication Training  
 F942 {PHASE-3} Resident's Rights Training  
 F943 Abuse, Neglect, and Exploitation Training  
 F944 {PHASE-3} QAPI Training  
 F945 {PHASE-3} Infection Control Training  
 F946 {PHASE-3} Compliance and Ethics Training  
 F947 Required In-Service Training for Nurse Aides  
 F948 Training for Feeding Assistants  
 F949 {PHASE-3} Behavioral Health Training

# Questions

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