

## Summary of CMS “Key Points” for Surveyor’s Review from CMS Requirements of Participation Training

Regulation	F Tag	Key Points
§ 483.10 Resident Rights	151	<ul style="list-style-type: none"> <li>• Resident has the right to exercise his/her rights without interference</li> </ul>
	152	<ul style="list-style-type: none"> <li>• Competent residents have the right to designate a resident representative.</li> <li>• Equal treatment of a same-sex spouses</li> <li>• Resident representative exercises their decision-making responsibilities as delegated by the resident or court and in accordance with the applicable law, and in accordance with the resident’s wishes and preferences.</li> <li>• Resident retains the right to make those decisions outside the representative’s authority.</li> <li>• Report concerns about a resident representative as required by State law.</li> <li>• Cite care planning concerns under F280</li> </ul>
	153	<ul style="list-style-type: none"> <li>• Personal and medical records are provided as requested by the individual.</li> <li>• Records are provided in a manner the resident can understand.</li> <li>• A reasonable, cost-based fee was assessed as described in the regulation.</li> </ul>
	155	<ul style="list-style-type: none"> <li>• Resident has right to request and/or discontinue treatment or to participate in experimental research.</li> <li>• Advance Directives – provided by Facility or outside contractor.</li> <li>• 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</li> </ul>
	156	<ul style="list-style-type: none"> <li>• Residents are: <ul style="list-style-type: none"> <li>○ Aware of who or how to contact other primary care professionals</li> <li>○ Received both an oral and written notification containing the specific information, such as the expanded resources, home and community based service programs, etc.</li> <li>○ Able to request information about returning to the community, and the facility had identified that information to provide upon request.</li> </ul> </li> <li>• Made aware of changes to charges for services not covered under Medicare or Medicaid, or by facility’s per diem rate</li> <li>• Refunds were made to the resident, resident representative, or estate.</li> <li>• Admission contract did not conflict with the requirements of this regulation.</li> </ul>
	158	<ul style="list-style-type: none"> <li>• Resident is informed of charges in advance that are imposed and also refer to F162.</li> </ul>
	159	<ul style="list-style-type: none"> <li>• There are now differing dollar amounts for Medicaid residents and other residents.</li> </ul>
	160	<ul style="list-style-type: none"> <li>• Conveyance of funds for discharged or evicted residents.</li> </ul>
	162	<ul style="list-style-type: none"> <li>• Medicaid or Medicare residents are not charged for food and hospice services.</li> <li>• Items and services that maybe charged to residents if not required to achieve resident’s goals have been expanded to include: cellphones, computers and other electronic devices.</li> <li>• Facility has taken into consideration resident food and cultural preferences when preparing meals.</li> <li>• Resident was informed orally and in writing for any item or service where there is a charge.</li> </ul>

Regulation	F Tag	Key Points
	163	<ul style="list-style-type: none"> <li>• Verify physician is licensed to practice</li> <li>• 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</li> <li>• Ensure the resident's choice of physician is honored as long as they meet the requirements</li> </ul>
	164	<ul style="list-style-type: none"> <li>• Ensure medical records are kept confidential except in cases cited in this regulation.</li> </ul>
	166	<ul style="list-style-type: none"> <li>• Determine the residents have information on how to file grievances or complaints.</li> <li>• Ensure that there is grievance policy that includes at a minimum requirement listed that Ensures prompt resolution of all grievances and identifies a Grievance Official.</li> </ul>
	167	<ul style="list-style-type: none"> <li>• Ensure that the most recent survey results during the 3 preceding years, as well as certification and complaint investigations are posted and readily accessible to residents, and resident representatives.</li> <li>• Ensure that identifying information about complaints or residents are not available.</li> </ul>
	168	<ul style="list-style-type: none"> <li>• Ensure that the facility did not prohibit or discourage a resident from communicating with external entities</li> </ul>
	169	<ul style="list-style-type: none"> <li>• Ensure the facility cannot require a resident to perform services for that facility</li> </ul>
	170	<ul style="list-style-type: none"> <li>• Privacy of electronic communications is to be provided</li> <li>• Resident is able to receive mail and packages from other than the postal service</li> </ul>
	171	<ul style="list-style-type: none"> <li>• Facility supports resident's right to communication, including the ability to send mail</li> </ul>
	172	<ul style="list-style-type: none"> <li>• Residents have the right to receive visitors of their choosing and at the time of their choosing, and that they do not impose on other residents.</li> <li>• Facility has a policy that includes visitation rights and clinically necessary or reasonable restrictions.</li> <li>• Resident or their visitors are informed of the visitation policies</li> <li>• Staff do not restrict, limit or deny visitation privileges</li> <li>• Privileges are consistent with the resident's preferences</li> </ul>
	174	<ul style="list-style-type: none"> <li>• Expanded access to cell phone use, TTY and TTD services</li> </ul>
	175	<ul style="list-style-type: none"> <li>• Right to choose a roommate</li> </ul>
	176	<ul style="list-style-type: none"> <li>• How did the facility determine self-administration was clinically appropriate?</li> </ul>
	177	<ul style="list-style-type: none"> <li>• Facility may not perform a transfer solely for the convenience of the staff.</li> </ul>
	240	<ul style="list-style-type: none"> <li>• Every resident is treated with respect and dignity</li> <li>• Facility has policies for practices such as transfer, discharge, and equal access to services regardless of payment source.</li> </ul>
	242	<ul style="list-style-type: none"> <li>• Resident's right to choose was afforded to the expanded/clarified requirements</li> </ul>
	243	<ul style="list-style-type: none"> <li>• (Reasonable steps were taken to) notify residents and family of upcoming meetings in a timely manner</li> </ul>
	244	<ul style="list-style-type: none"> <li>• Facility provide the resident a response and a rationale for their response</li> </ul>
	247	<ul style="list-style-type: none"> <li>• Notice was provided in writing and included the reason for the change</li> </ul>
		<ul style="list-style-type: none"> <li>• Ensuring the environment maximizes resident independence, and responsibility for the protection of the resident's property</li> </ul>

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	252	<ul style="list-style-type: none"> <li>• Ensuring the environment maximizes resident independence, and responsibility for the protection of the resident's property</li> </ul>
	280	<ul style="list-style-type: none"> <li>• Resident has participation in his or her person-centered care plan</li> </ul>
§483.12 Freedom from Abuse, Neglect, and Exploitation	223	<ul style="list-style-type: none"> <li>• Continue to review citations related to abuse, corporal punishment, and involuntary seclusion in F223</li> <li>• New definitions for abuse and sexual abuse</li> <li>• Willful means deliberate act, not intent to harm or cause the injury</li> </ul>
	224	<ul style="list-style-type: none"> <li>• Findings of N, M, E cited at F224 and cite if an investigation identifies the Facility failed to ensure that residents are free from N, M, E.</li> <li>• Requires implementing policies and procedures for: <ul style="list-style-type: none"> <li>○ Prohibiting and preventing neglect, exploitation, and misappropriation.</li> <li>○ Investigating all alleged violations.</li> <li>○ Training for the prevention of neglect, exploitation, and misappropriation.</li> <li>○ Activities that constitute neglect, exploitation, and misappropriation.</li> <li>○ Procedures for reporting, and dementia management and resident abuse prevention.</li> </ul> </li> <li>• Cite when facility has failed to implement P &amp; P to prohibit N, M, E.</li> </ul>
	225	<ul style="list-style-type: none"> <li>• Not only limited to only facility employees but also individuals the facility engages.</li> <li>• Facility must not employ/engage any individuals with: <ul style="list-style-type: none"> <li>○ A finding of exploitation or misappropriation of resident property.</li> <li>○ Have a disciplinary action in effect against his or her professional license that is related to a finding of abuse, neglect, exploitation, mistreatment, or misappropriation.</li> </ul> </li> <li>• Alleged violations must be reported immediately. Maximum timeframes are outlined in the regulation, but it is expected that reports would occur more quickly to protect residents. No later than 2 hours if the allegation involves abuse or results in serious bodily injury, and no later than 24 hours if the allegation does not involve abuse and does not result in serious bodily injury</li> <li>• Immediate reporting also includes to the State APS if it has jurisdiction in SNFs/NFs.</li> </ul>
	226	<ul style="list-style-type: none"> <li>• Training should be provided about procedures for reporting</li> <li>• Training should be provided about dementia management and resident abuse prevention.</li> <li>• Continue to cite F226 when Facility has failed to develop and implement policies and procedures to prohibit A,N,M, E.</li> </ul>
	221	<ul style="list-style-type: none"> <li>• Deficiencies related to physical restraints will be cited at F221.</li> </ul>
	222	<ul style="list-style-type: none"> <li>• Deficiencies related to chemical restraints will be cited at F222.</li> <li>• Facility must use the least restrictive alternative for the least amount of time, and documenting ongoing re-evaluation of the need for restraints.</li> </ul>
§483.15 Admission, Transfer, and Discharge Rights	201	<ul style="list-style-type: none"> <li>• Transfer or discharge to be documented in the medical record, including specific information which should be exchanged with the receiving provider or facility.</li> <li>• Additional documentation if the facility has transferred or discharged residents while an appeal is pending because keeping the residents in the facility endangers the health or safety of the residents, or others in the facility</li> <li>• Medical record should show documentation of what danger is posed if the facility does not transfer or discharge the resident.</li> </ul>

Regulation	F Tag	Key Points
	203	<ul style="list-style-type: none"> <li>• Requires the facility to send a copy of transfer or discharge notice to the ombudsman.</li> <li>• Requires the facility to provide resident and/or the resident representative with additional information in the notice regarding the process for appealing transfer or discharge.</li> <li>• Requires the facility to update recipients of transfer/discharge notice of any changes to the notice as soon as possible (if those changes occur prior to the transfer or discharge).</li> </ul>
	204	<ul style="list-style-type: none"> <li>• Adds that the orientation facilities provided to residents regarding transfer or discharge must be in a manner that they understand, accounting for education, disability, language, etc.</li> </ul>
	205	<ul style="list-style-type: none"> <li>• Changes of “readmission” language to “return”.</li> <li>• New language requires facilities to provide written information to resident or resident representative about payment needed to hold a bed if the individual state requires payment to hold the bed.</li> </ul>
	206	<ul style="list-style-type: none"> <li>• If the facility decides a resident cannot return to the facility, the facility would then discharge a resident.</li> <li>• A facility can only discharge a resident for the reasons listed under 483.15(c). <ul style="list-style-type: none"> <li>○ Medical record should show documentation of the reason for the discharge.</li> <li>○ Documentation regarding the basis for transfer or discharge should also be in the notice to the resident or resident representative.</li> <li>○ If a resident is transferred, and then the facility cannot/does not take them back, then the individual is considered a discharge, and the facility has to meet all discharge requirements that are implemented in Phase 1.</li> </ul> </li> </ul>
	207	<ul style="list-style-type: none"> <li>• Readmission to a composite distinct part provision is not new but has been added to F206 if concerns are identified regarding this issue. Room changes in a composite distinct part is not a new provision but it has been added to F207 since it may indicate unequal treatment of residents.</li> </ul>
		<ul style="list-style-type: none"> <li>• Ensure Facility has not required the resident to waive potential facility liability in the event of loss of property.</li> <li>• Facility must disclose any special characteristics or limitations of the facility. For example, facility may have limitations in the type of medical care it can provide which must be communicated prior to admission.</li> </ul>
	272	<ul style="list-style-type: none"> <li>• Inclusion of the resident’s strengths, goals, life history and preferences in his or her comprehensive assessment, as well as inclusion of the resident and direct care staff (licensed and non-licensed staff) participation in the resident’s comprehensive assessment.</li> </ul>
	285	<ul style="list-style-type: none"> <li>• Coordination includes</li> <li>• Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident’s assessment, care planning, and transitions of care.</li> <li>• 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 upon a significant change in status assessment.</li> </ul>

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§483.21 Comprehensive Person-Centered Care Planning		<ul style="list-style-type: none"> <li>• Includes the addition of nurse aide and member of the food and nutrition services staff to required members of the interdisciplinary team that develops care plans</li> <li>• 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.</li> <li>• Implementing discharge planning requirements mandated by The Improving Medicare Post-Acute Care Transformation Act of 2014, also known as the IMPACT Act, by revising, or adding where appropriate, discharge planning requirements for Long-Term Care facilities.</li> </ul>
	279	Care plan must <ul style="list-style-type: none"> <li>• Be centered on the resident's needs including measurable objectives and time frames.</li> <li>• Include specialized services facility will provide as a result of the PASARR.</li> <li>• Have a documented rationale in medical record if they disagree with the PASARR findings.</li> <li>• Include goals for admission and discharge preferences.</li> </ul>
	280	<ul style="list-style-type: none"> <li>• Facility involved a nurse aide responsible for resident and member of the food and nutrition service, along with the attending physician and a registered nurse would be on the interdisciplinary team.</li> <li>• Any other professionals needed in development of the care plan as based on the residents care needs</li> <li>• Facility has reviewed and revised care plan after each assessment for both comprehensive and quarterly assessments.</li> </ul>
	281	<ul style="list-style-type: none"> <li>• Services outlined in the comprehensive care plan meet professional standards of quality</li> </ul>
	283	<ul style="list-style-type: none"> <li>• When discharge is anticipated for a resident facility must have a discharge summary.</li> </ul>
	284	Discharge planning <ul style="list-style-type: none"> <li>• Begins on admission with comprehensive assessment of resident's discharge goals.</li> <li>• Discharge plan part of the care plan and must be re-evaluated with each comprehensive assessment and significant change assessment.</li> <li>• Must involve resident and/or the representative, and be developed by the interdisciplinary team including the physician.</li> <li>• Must include documentation of the local contact agency involvement in the resident wishes to be discharged to the community. If discharge to the community is not feasible, facility must document.</li> <li>• Facilities must assist residents and resident representatives wishing to be discharged to another SNF, Home Health Agency, Inpatient Rehabilitation Facility, or Long-Term Care Hospital by providing them with standardized patient assessment data (where available), data on quality measures, and resource use, such as staffing, to assist the resident representative in selecting a provider.</li> </ul>
§483.24 Quality		<ul style="list-style-type: none"> <li>• No New Requirements</li> </ul>

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of Life	309	<ul style="list-style-type: none"> <li>• Surveyor is directed to survey the concerns related to end of life or hospice services at this outcome tag. The regulation for a hospice agreement between the nursing home and a Medicare certified hospice is found at F526.</li> <li>• New revised interpretive guidance for investigating the provision of end of life care and/or hospice care and services is in the CMS clearance process.</li> </ul>
	310	<ul style="list-style-type: none"> <li>• Adds oral care and expanded to including dining, meals and snacks</li> </ul>
§483.25 Quality of Care		<ul style="list-style-type: none"> <li>• Added special care issues, many of which were previously cited under F309, if there were care issues.</li> <li>• Specific areas such as restraints, pain management, bowel incontinence, and dialysis services.</li> <li>• 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</li> </ul>
	313	<ul style="list-style-type: none"> <li>• No changes to 313/314</li> </ul>
	315	<ul style="list-style-type: none"> <li>• Residents who are continent of bladder and bowel receive necessary services and assistance in order to maintain continence;</li> <li>• Residents admitted with, or subsequently receiving a catheter are assessed for removal as soon as possible;</li> <li>• Residents with fecal incontinence receive appropriate treatment and services to restore as much normal bowel function as possible.</li> </ul>
	323	<ul style="list-style-type: none"> <li>• The 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.</li> </ul>
	328	<ul style="list-style-type: none"> <li>• Expanded regulatory language in the areas of: Foot care, colostomy, ureterostomy, or ileostomy care, parental Fluids, respiratory care, and Prostheses. It expanded regulatory language includes professional standards and care provided in accordance to the comprehensive person-centered care plan.</li> </ul>
§483.30 Physician Services	390	<ul style="list-style-type: none"> <li>• If the dietitian, other clinically qualified nutrition professional, or a qualified therapist has been delegated the task of writing orders: They are to do so in accordance with State law; the written order when delegated by physician; and they are acting under the supervision of a physician.</li> </ul>
§483.35 Nursing Services	353	<ul style="list-style-type: none"> <li>• The facility to determine if there is sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services to each resident. The facility provided a 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 the resident's care plans.</li> </ul>
	497	<ul style="list-style-type: none"> <li>• The surveyor will need to determine if in-service training complies with the requirements at 483.95(g): Facilities are required to include dementia management and abuse training in Prevention in their regular in-service education for all Nurse Aides</li> </ul>

<b>Regulation</b>	<b>F Tag</b>	<b>Key Points</b>
§483.40 Behavioral Health Services		<ul style="list-style-type: none"> <li>• Comprehensive assessment and medically related social services. New requirement (incorporates highest practicable well-being, specialized rehabilitation, and medical social services). An addition of new section focusing on requirement to provide necessary behavioral health care and services to residents, in accordance with their comprehensive assessment and care plan. The 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.</li> </ul>
	F319	<ul style="list-style-type: none"> <li>• Review of residents who display and/or are diagnosed with mental disorder or psychosocial adjustment difficulty. The facility must correct resident’s assessed problem or assist resident in attaining their highest practicable mental and psychosocial well-being</li> </ul>
	320	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
§483.45 Pharmacy Services	428	<ul style="list-style-type: none"> <li>• Requires new process for medication regimen review (MRR) and requires facilities to develop and maintain policies and procedures to address all aspects of the medication regimen review.</li> <li>• Pharmacist must now report medication regimen review irregularities to the medical director as well as the attending physician and director of nursing (DON).</li> <li>• Irregularities are defined as medications that meet the criteria for unnecessary medications.</li> <li>• The pharmacist provides a written report regarding irregularities to the attending physician, medical director, and DON. The attending physician must document: that he/she reviewed the identified irregularity, the action taken to address the irregularity, or the reason for not changing the medication related to the identified irregularity.</li> </ul>
§483.50 Laboratory, radiology, and other diagnostic services	F504	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
	505:	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
	510	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
	511	<ul style="list-style-type: none"> <li>• 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 order.</li> </ul>
§483.55 Dental services	411	<ul style="list-style-type: none"> <li>• Assistance is not only provided when deemed necessary by the facility, but also when requested by the resident. And transportation is provided to any location providing dental services, not just the dentist office</li> </ul>
	412	<ul style="list-style-type: none"> <li>• The facility submitted an application for reimbursement of dental services under the State plan, if the resident is eligible and wishes to participate.</li> </ul>
§483.60 Food and Nutrition Services		<ul style="list-style-type: none"> <li>• 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.</li> </ul>

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	360	<ul style="list-style-type: none"> <li>• Indications for the emphasis on resident preferences</li> <li>• Demonstration of staff competencies and skills in food service.</li> </ul>
	360	<ul style="list-style-type: none"> <li>• For a qualified dietitian or other clinically qualified nutrition professional hired prior to November 28, 2016, the facility has 5 years to ensure they have the regulatory required qualifications if hired after November 28, 2016. There is no one year grace period for meeting the requirements if hired after November 28, 2016. For the position of director of food and nutrition services hired prior to November 28, 2016, the facility has five years to ensure they have the regulatory required qualifications. For the position of director of food and nutrition services hired after November 28, 2016, the facility has one year to ensure they have the regulatory required qualifications. Explicit regulatory requirement to meet State requirements for food service or dietary managers- surveyors must be aware of what the specific requirements are for the State they are surveying in to determine compliance</li> </ul>
	362	<ul style="list-style-type: none"> <li>• The change from “competent” to “safely and effectively.” Verify who from the Food and Nutrition Services staff is participating on the interdisciplinary team as required.</li> </ul>
	363	<ul style="list-style-type: none"> <li>• Ensure the menu reflects the religious, cultural, and ethnic needs of the resident population and input from residents and resident groups.</li> </ul>
	364	<ul style="list-style-type: none"> <li>• Drinks must now also meet these requirements. Expanded to include meeting hydration needs and preferences regarding fluids.</li> </ul>
	366	<ul style="list-style-type: none"> <li>• Meeting explicit requirements for accommodating resident allergies, intolerances, and preferences. Alternatives must also now be appealing to the resident. Surveyors must be aware of their state’s laws governing the ability for the registered/licensed dietitian to write orders</li> </ul>
	367	<ul style="list-style-type: none"> <li>• Registered/licensed dietitian may not write orders, if not allowed under State law; and that’s a key point for F367.</li> </ul>
	368	<ul style="list-style-type: none"> <li>• 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</li> </ul>
	369	<ul style="list-style-type: none"> <li>• Appropriate assistance is provided to the resident to use the assistive devices when consuming meals and snacks</li> </ul>
	371	<ul style="list-style-type: none"> <li>• 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</li> </ul>
	373	<ul style="list-style-type: none"> <li>• Interdisciplinary team is responsible for assessing resident for having a feeding assistant, not just the charge nurse; and the rationale for resident being in feeding assistant program should be reflected in the comprehensive care plan of the resident</li> </ul>
§483.65 Specialized rehabilitative services	406	<ul style="list-style-type: none"> <li>• Facility provides, either directly or from an outside resource, respiratory services or services of a lesser intensity as required at §483.12. If any specialized rehabilitative services are provided by an outside resource, the requirements at §483.70 should be met.</li> </ul>
§483.70 Administration	493	<ul style="list-style-type: none"> <li>• Ensure that the administrator reports to and is accountable to the governing body</li> </ul>

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	514	<ul style="list-style-type: none"> <li>• Medical record should include the resident's representative. And the surveyor should ensure that records be kept confidential and only released as authorized by the regulations.</li> </ul>
	519	<ul style="list-style-type: none"> <li>• 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. Also, 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.</li> </ul>
	523	<ul style="list-style-type: none"> <li>• Written notification of an impending closure must be submitted by the facility to the following: State Survey Agency; State LTC ombudsman; Residents of the facility; Legal representative of the residents (or other responsible parties); and ensure the facility does not admit any new residents on or after the date the written notification is submitted.</li> </ul>
	526	<ul style="list-style-type: none"> <li>• New regulation at F526</li> <li>• Hospice Services is a process tag which is meant to identify what processes and procedures must be in place in order for Medicare certified hospice to be able to provide hospice services for a resident who elects the hospice benefit.</li> <li>• Written agreement must be in place prior to a nursing home allowing a hospice to provide hospice care to a nursing home resident.</li> <li>• When evaluating the provision of F526, the nursing home surveyor must not enforce or cite non-compliance of any Medicare hospice regulations during the course of a nursing home survey. The Medicare-certified hospice and the Medicare and/or Medicaid certified nursing home must each meet the certification regulations that apply to their entity. Each provider retains responsibility for the quality and appropriateness of care it provides.</li> </ul>
	527	<ul style="list-style-type: none"> <li>• Must electronically submit CMS complete and accurate staffing information, including information for agency and contract staff, based on payroll and other variable and audible data in a uniform format according to specifications established by CMS. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency</li> </ul>
§483.80 Infection Control		<ul style="list-style-type: none"> <li>• Facilities are to develop an Infection Prevention and Control Program (IPCP).</li> </ul>
	F441	<ul style="list-style-type: none"> <li>• The facility has developed and implemented an infection control program such as written policies and procedures to identify surveillance requirements: When and to whom to report infections; What types of transmission-based precautions will be used and when to use them; Infection control incidents and the facility's corrective actions. Appropriate use of standard precautions including: Hand hygiene; Respiratory and cough etiquette; Use of personal protective equipment; injection practices; Safe handling of potentially contaminated equipment or surfaces are used and implemented. The IPCP policies and procedures are reviewed and updated annually.</li> </ul>
§483.90 Physical Environment	457	<ul style="list-style-type: none"> <li>• Bedrooms must accommodate no more than two residents [newly certified after November 28, 2016]</li> </ul>

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	461	<ul style="list-style-type: none"> <li>• Regular inspection of all bed frames, mattresses, and bed rails, if any, as part of a regular maintenance program to identify areas of possible entrapment. When bed rails and mattresses are used and purchased separately from the bed frame, the facility must ensure that the bed rails, mattress, and bed frame are compatible</li> </ul>
		<ul style="list-style-type: none"> <li>• Rooms must be equipped with/or located near toilet and bathing facilities</li> <li>• If approved after 11/2016, each room must have own bathroom with at least a commode and sink.</li> </ul>
§483.95 Training Requirements		<ul style="list-style-type: none"> <li>• New section to subpart B.</li> <li>• Must develop, implement, and maintain an effective training program for all new and existing staff</li> <li>• Other individuals must be trained consistent with their specific roles including contract staff and volunteers.</li> </ul>
	495	<ul style="list-style-type: none"> <li>• Addresses required in-service training for nurse aides</li> <li>• Includes dementia management training and resident abuse prevention training.</li> </ul>
	495	<ul style="list-style-type: none"> <li>• At 373, a facility must not use an individual working in the facility as a paid feeding assistant unless the individual has successfully completed a State-approved training program for feeding assistants</li> </ul>

Training Page:

[https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMS\\_P1INNHR\\_PROVIDER](https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMS_P1INNHR_PROVIDER)

Video Link:

<https://www.youtube.com/watch?v=3Dxgxt8quEg&feature=youtu.be>