



PACAH 2018 Spring Conference
April 25, 2018

2018 Regulatory Happenings

Paula G. Sanders, Esquire
Post & Schell, PC

CMS MORATORIUM?

New SOM and Enforcement Delay

- Imposes an 18 month moratorium on imposing Civil Money Penalties (CMPs), Denial of Payment for New Admissions (DPNA) or termination for failure to implement certain Phase Two provisions for one year
- CMS holding the 5-Star ratings constant for one year during the moratorium

S&C: 18-04-NY issued Nov. 29, 2017

Temporary Enforcement Delays

- Phase 2 F-tags affected:
 - F655 (Baseline Care Plan); §483.21(a)(1)-(a)(3)
 - F740 (Behavioral Health Services); §483.40
 - F741 (Sufficient/Competent Direct Care/Access Staff-Behavioral Health); §483.40(a)(1)- (a)(2)
 - F758 (Psychotropic Medications) related to PRN Limitations §483.45(e)(3)-(e)(5)
 - F838 (Facility Assessment); §483.70(e)
 - F881 (Antibiotic Stewardship Program); §483.80(a)(3)

Temporary Enforcement Delays

- Phase 2 F-tags
 - F865 (QAPI Program and Plan) related to the development of the QAPI Plan; §483.75(a)(2)
 - F926 (Smoking Policies); §483.90(i)(5)

CMP ANALYTIC TOOL

CMS S&C: 17-37-NH (eff date July 17, 2017)

New CMS CMP Analytic Tool

- Restated goal is less punitive:
 - CMPs are intended to promote a swift return to substantial compliance for a sustained period of time, preventing future noncompliance
- Trend is to use “per instance” and fewer “per day” CMPs

New CMS CMP Analytic Tool

- Past noncompliance = per instance CMP
 - Event that occurred before the current survey but now corrected and back in compliance
- Per instance CMP is default for noncompliance that existed before the survey and is ongoing (*except* IJ w/ actual harm; abuse with actual harm; repeat tag at s/s "G" or higher; s/s H or I)

New CMS CMP Analytic Tool

- Facilities with good survey history may avoid daily CMP if G or J involves a singular event
- Facilities with repeats, pattern of G or above, or with more than five deficiencies will receive higher fines

New CMS CMP Analytic Tool

- Regional Office cannot adjust a penalty more than 35% without Central Office's approval
- This 35% adjustment is not the same as, and does not affect, the 35% discount for waiving federal appeal rights

New CMS CMP Analytic Tool

- 50% reduction may occur if facility meets all 6 elements
 - Must have self reported noncompliance before it was identified by CMS, state or complaint

New CMS CMP Analytic Tool

- Correction of noncompliance must have occurred on the earlier of either 15 calendar days from the date of the self-reported circumstance or incident that later resulted in a finding of noncompliance or 10 calendar days from the date (of CMS's notice to the facility) that a CMP was imposed

New CMS CMP Analytic Tool

- The facility waives its right to a hearing
- Self-reported and corrected noncompliance did not constitute a pattern of harm, widespread harm or immediate jeopardy or result in the death of a resident

New CMS CMP Analytic Tool

- CMP was not imposed for a repeated deficiency that was the basis of a previously reduced CMP
- Facility has met mandatory reporting requirements for the incident or circumstance upon which the CMP is based as required by federal and state law

New CMS CMP Analytic Tool

- If fine $> \$250,000$, Central Office must approve
- Hardship request must be timely

A QUICK SURVEY REFRESHER

Mandatory Survey Tasks

- Dining
- Infection control
- SNF Beneficiary Protection Notification review
- Resident Council meeting
- Kitchen
- Medication administration
- Medication storage
- Sufficient and competent nurse staffing
- QAA/QAPI

How to Read the 2567

- What are the deficiencies?
- What are the regulatory violations?
 - Federal
 - State
- What is the best way to respond?

Know Your Regulators

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Philadelphia Regional Office
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3413



Northeast Division of Survey & Certification



Phone: 717-783-3790

Fax: 717-772-3641

Sanction Letters

- DOH imposes state sanctions against license and *recommends* federal sanctions to CMS
- CMS imposes sanctions against certification, often after time for state IDR has passed
 - CMS not required to follow DOH recommendation
- Challenges to federal CMP must include escrow of CMP

POC Disclaimer Language

- Preparation and submission of this POC is required by state and federal law. This POC does not constitute an admission for purposes of general liability, professional malpractice or any other court proceeding.

“Required” POC Elements

- What corrective action(s) will be accomplished *for residents affected by the deficient practice?*
- How will you identify *other residents* having the *potential to be affected* by the *same deficient practice* and corrective actions?
- What measures will be put in place or system changes will you make to ensure that the *deficient practice does not recur?*

“Required” POC Elements

- How will the corrective action be monitored to ensure the *deficient practice will not recur, i.e.*, what quality assurance programs will be established?
- Dates when the corrective action will be completed

Strategies for Preparing Effective POCs

- Less is more
- Read the F Tags *and* the state tags
- Don't be afraid to have your POC rejected
- Be responsive and responsible
 - Don't overpromise
 - Don't admit liability

Strategies for Preparing Effective POCs

- Don't go overboard with policies, procedures and plans of correction
- Keep your date of compliance as short as possible
 - Begin implementing corrective action during the survey and document corrections (*e.g.*, inservicing of staff)

Post Survey Revisit

- Nature of deficiency dictates scope of revisit
- Required whenever S/S F-L level deficiencies exist
- 3rd Revisit subject to CMS Regional Office (RO) approval
- 4th Revisit subject to CMS Central Office (CO) approval

FEDERAL ENFORCEMENT TRENDS

Federal Scope and Severity Grid

<p>Immediate Jeopardy To Resident Health Or Safety</p>	<p>Isolated J PoC Required: Cat. 3 Optional: Cat. 1 Optional: Cat. 2</p>	<p>Pattern K PoC Required: Cat. 3 Optional: Cat. 1 Optional: Cat. 2</p>	<p>Widespread L Required: Cat. 3 Optional: Cat. 1 Optional: Cat. 2</p>
<p>Actual Harm That Is Not Immediate Jeopardy</p>	<p>G PoC Required: Cat. 2 Optional: Cat. 1</p>	<p>H PoC Required: Cat. 2 Optional: Cat. 1</p>	<p>I PoC Required: Cat. 2 Optional: Cat. 1 Optional: Temporary Mgmt</p>
<p>No Actual Harm With Potential For More Than Minimal Harm That Is Not Immediate Jeopardy</p>	<p>D PoC Required: Cat. 1 Optional: Cat. 2</p>	<p>E PoC Required: Cat. 1 Optional: Cat. 2</p>	<p>F PoC Required: Cat. 2 Optional: Cat. 1</p>
<p>No Actual Harm With Potential For Minimal Harm</p>	<p>A No PoC No remedies Commitment to Correct Not on CMS-2567</p>	<p>B PoC No remedies</p>	<p>C PoC No remedies</p>

Impact of Inflation Adjustment Act

- CMS CMPs for surveys have increased astronomically

	Pre-August 2016	August 1, 2016	February 3, 2017	2018
Cat.2 Per Day	\$50 - \$3,000	\$103 - \$6,188	\$105 - \$6,289	
Cat. 2 Per Instance	\$1,000 - \$10,000	\$2,063 - \$20,628	\$2,097 - \$20,965	
Cat. 3 Per Day	\$3,050 - \$10,000	\$6,291 - \$20,628	\$6,394 - \$20,965	
Cat. 3 Per Instance	\$1,000 - \$10,000	\$2,063 - \$20,628	\$2,097 - \$20,965	

Financial Hardship Requests

- Possible reduction of CMPs or 12 month repayment plan
- Analytic tool options: facility's documentation proves that:
 - (1) "the facility lacks sufficient assets to pay the CMP without having to go out of business," or
 - (2) "the facility does not lack sufficient assets to pay the CMP without having to go out of business."

Financial Hardship Requests

- “[N]ot CMS's intent to impose CMPs that could, in and of themselves, put providers out of business.”
- Providers can file “compelling evidence of financial hardship,” which CMS “is willing, in the interest of the Medicare and Medicaid programs and their beneficiaries, to consider.”
- Must be filed within 15 days of CMS CMP letter

Mandatory Referrals

- CMS refers all civil money penalties (CMPs) to DOJ pursuant to a Memorandum of Understanding
- DOH is statutorily required to report immediately to the PA Attorney General (AG) or local law enforcement whenever it has “reasonable cause to believe” that a care dependent adult has suffered bodily injury or been unlawfully restrained” *See, Act 28 of 1995, Neglect of Care-Dependent Person, 18 Pa.C.S. § 2713*
 - Referrals to state licensing boards

Areas of Focus: Office of Inspector General (OIG) on Abuse

- Analyzing diagnoses from inpatient and outpatient facilities for conditions that may be result of abuse of neglect (Work Plan (1/2018))
- Assess the incidence of SNF unreported incidents of abuse and neglect to determine if properly investigated & reported; and interview states to determine if incident was properly reported, investigated by state and subsequently prosecuted by state if appropriate (Work Plan (10/2017))

Areas of Focus: Office of Inspector General (OIG) on Abuse

- “Early Alert: The Centers for Medicare & Medicaid Services Has Inadequate Procedures to Ensure that Incidents of Potential Abuse or Neglect at Skilled Nursing Facilities Are Identified and Reported in Accordance With Applicable Requirements” (A-01-17-000504 (8/24/2017))
 - CMS has not imposed any sanctions under Elder Justice Abuse Act reporting
 - CMS should compare Medicare hospital emergency room claims with SNF claims

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?	Any reasonable suspicion of a crime against a resident	<p>1) All alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property</p> <p>2) The results of all investigations of alleged violations</p>
Who is required to report?	Any covered individual, including the owner, operator, employee, manager, agent or contractor of the facility	The facility
To whom?	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)	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
When?	<p>Serious bodily injury- Immediately but not later than 2 hours* after forming the suspicion</p> <p>No serious bodily injury-not later than 24* hour</p>	<p>All alleged violations-Immediately but not later than</p> <p>1) 2 hours- if the alleged violation involves abuse or results in serious bodily injury</p> <p>2) 24 hours- if the alleged violation does not involve abuse and does not result in serious bodily injury.</p>

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...”

Elder Justice Reporting Requirements

- Penalties for covered individual's failure to notify
 - CMP up to \$200,000
 - Possible exclusion from participation
 - If failure exacerbates harm to victim or results in harm to another individual
 - ▶ CMP up to \$300,000
 - ▶ Possible exclusion from participation
- Penalties for retaliation

Elder Justice Act Reporting: Be Prepared For The Media

- Develop a media response for all “crisis” situations
- Identify and train staff about internal procedure for crisis management, including press statements and spokespersons

DEPARTMENT OF HEALTH ENFORCEMENT TRENDS

DOH CP “Guideline”



Civil Penalty Assessment Guideline

Please be advised that the Secretary of Health has directed the Pennsylvania Department of Health (DOH), Bureau of Facility Licensure and Certification, Division of Nursing Care Facilities (Division), to assess civil penalties (CPs) against long term care facilities in accordance with the full authority authorized by section 817 of the Health Care Facilities Act (HCFA), 35 P.S. § 448.817.

Significantly, any facility with a Division survey exit date on or after January 1, 2017, may be subjected – when warranted – to CPs calculated on a per instance or per day basis, or both, pursuant to 35 P.S. § 448.817.

When determining whether CPs are warranted, DOH will consider the facility’s compliance history, including but not limited to the following:

- Whether the facility’s violations resulted in harm or death to a resident;
- The facility’s most current deficiency report;
- The threat or potential threat to resident health and safety;
- The number of residents at risk or affected by the noncompliance;
- The facility’s plan of correction;
- Similar survey findings where sanctions were imposed, and
- Repeat noncompliance in the same or similar regulatory categories.

This guidance preserves DOH’s discretion to take into consideration other mitigating or aggravating circumstances.

DOH recognizes these changes may result in higher CPs to facilities. The purpose of this is to impress upon long-term care facilities the need to provide quality care to and a safe environment for its residents.

March 30, 2018

How to Read State Tags

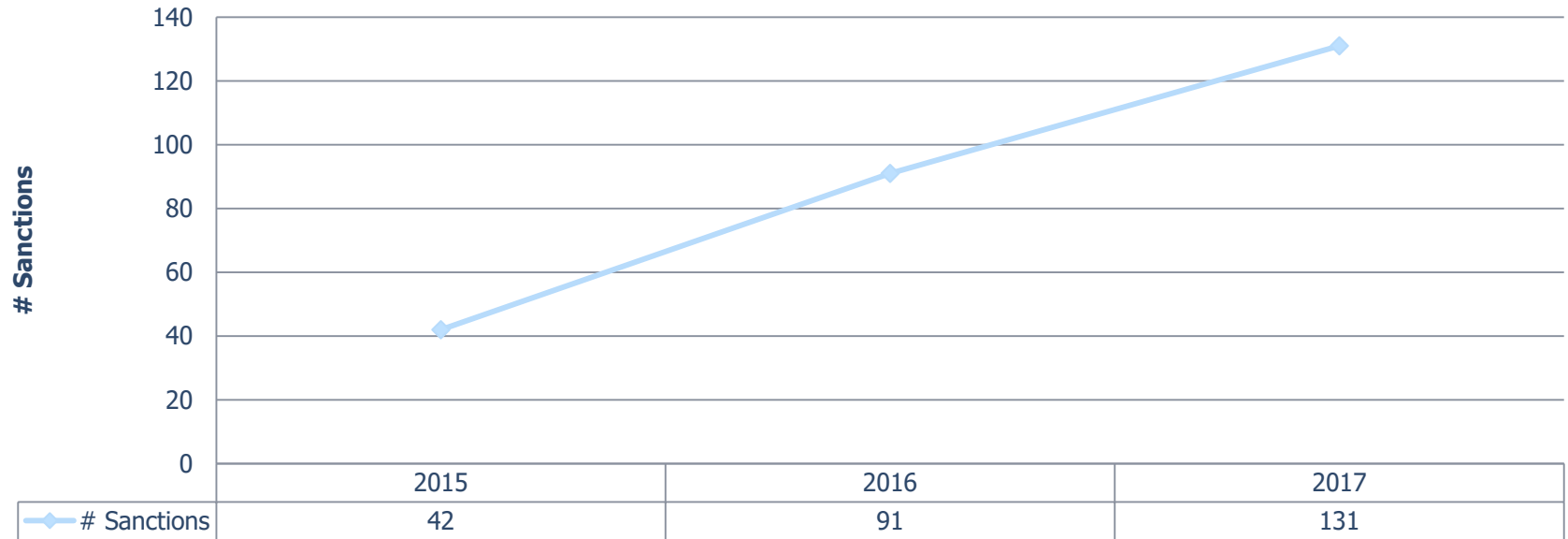
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0157 SS=D	Continued from page 10 28 Pa. Code 201.18(b)(3) Management Previously cited 07/29/16 28 Pa. Code 201.18(e)(1) Management Previously cited 06/17/17, 05/17/17, 07/29/16 28 Pa. Code 211.5(g)(h) Clinical records 28 Pa. Code 211.12(c) Nursing services Previously cited 06/17/17 28 Pa. Code 211.12(d)(2) Nursing services Previously cited 07/29/16	F 0157		

DOH CMPs Per Year

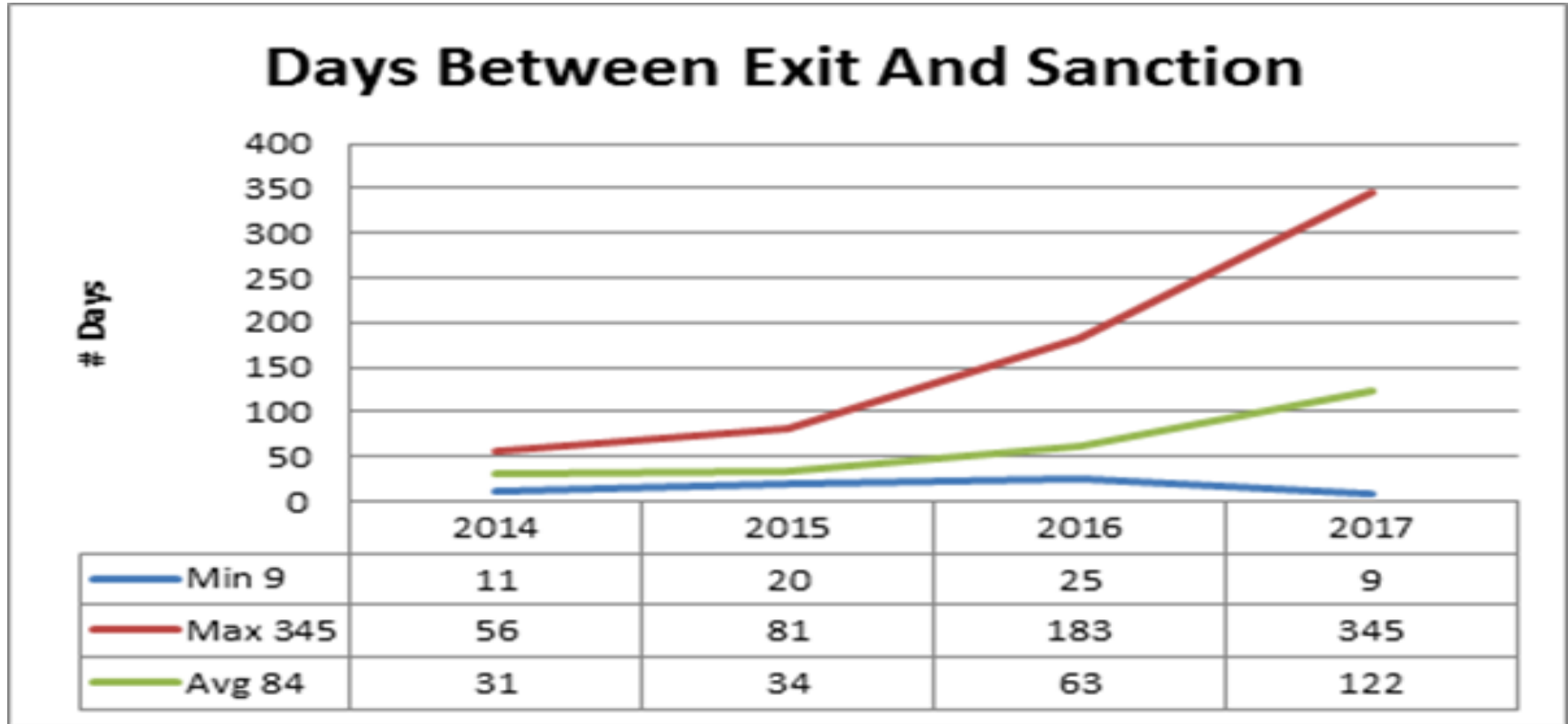
2014-2017	
2014	\$79,250.00
2015	\$170,050.00
2016	\$412,200.00
2017	\$2,019,750.00
Total	\$2,664,000.00

Total Number of DOH CMPs Per Year

Total # CMPs per Year



Days Between Exit And Sanction



OPTIONS FOR REFUTING NEGATIVE SURVEY FINDINGS

Survey Strategy

- Reevaluate how you approach survey
 - Surveyors may reject any documents not provided at time of survey
 - Where are your critical documents
 - What do your medical records look like
 - How up to date is your filing
- *Review 2567 carefully and prepare IDRs for any factual inaccuracies*

Informal Dispute Resolution

- Does not toll the federal appeals timetable or delay enforcement action
- Successful IDR expunges deficiency from CMS 2567 and provides for rescission of enforcement action predicated on withdrawn deficiency
- CMS' findings of noncompliance can overrule state's conclusions

Sanction Letters

- Ability to file federal IIDR within 10 days of receipt of CMS CMP letter (often sent by certified or regular mail—keep envelope)
- Federal IIDR will often include contact of affected residents
- Waiver of appeal rights gets 35% reduction of CMP
 - File *written* notice within 60 days

Federal Appeals

- Departmental Appeals Board (DAB)
- U.S. District Court
- U.S. Court of Appeals
- Beyond?

State Appeals

- Administrative hearings
- Court appeals

Links to Key Documents

- New SOM: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>
- CMS S&C 18-04-NH:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-18-04.pdf>

Links to Key Documents

- CMS S&C: 17-37-NH
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-37.pdf>
- Sample Facility Assessment Tool:
http://qioprogram.org/sites/default/files/editors/141/Facility_Assessment_2017_08_18_Final.docx

Links to Key Documents

- Critical element pathways:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.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
- F559 *Choose/Be Notified of Room/Roommate Change
- F560 Right to Refuse Certain Transfers
- F561 *Self Determination
- F562 Immediate Access to Resident
- F563 Right to Receive/Deny Visitors
- F564 Inform of Visitation Rights/Equal Visitation Privileges
- F565 *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/Engage 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
- F687 *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
- F696 *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 Psvchotropic Meds/PRN Use
 F759 *Free of Medication Error Ratesof 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/Notifv of Results
 F774 Assist with Transport Arrangements to Lab Svcs
 F775 Lab Reports in Record-LabName/Address
 F776 Radiologv/Other Diagnostic Services
 F777 Radiologv/Diag. Svcs Ordered/Notifv Results
 F778 Assist with Transport Arrangements to Radiologv
 F779 X-Ray/Diagnostic 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/ Hvdration
 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 Governina 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 Improvem

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??

Paula G. Sanders, Esquire

Principal & Co-Chair Health Care Practice Group

Post & Schell, PC

psanders@postschell.com

717-612-6027