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FED - R0000 - INITIAL COMMENTS

Title INITIAL COMMENTS

Type Memo Tag

CFR

Regulation Definition

Interpretive Guideline

FED - R0093 - CONDITIONS FOR COVERAGE

Title CONDITIONS FOR COVERAGE

Type Condition

CFR 403.720

Regulation Definition

Interpretive Guideline

Medicare covers services furnished in an RNHCI if the following specific conditions are met.

FED - R0094 - CONDITIONS FOR COVERAGE

Title CONDITIONS FOR COVERAGE

Type Standard

CFR 403.720(a)

Regulation Definition

Interpretive Guideline

The provider meets the definition of an RNHCI as defined in §1861(ss)(1) of the Act. That is, it is an institution that:
(1) Is described in section 501(c)(3) of the Internal Revenue Code of 1986 and is exempt from taxes under section 501(a).

Guideline: §403.720(a)
The provider must meet all 10 of the regulatory requirements in order to meet the definition of an RNHCI.
Procedure: §403.720(a)(1)

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(2) Is lawfully operated under all applicable Federal, State, and local laws and regulations.

(3) Furnishes only nonmedical nursing items and services to beneficiaries who choose to rely solely upon a religious method of healing and for whom the acceptance of medical services would be inconsistent with their religious beliefs.

(4) Furnishes nonmedical items and services exclusively through nonmedical nursing personnel who are experienced in caring for the physical needs of nonmedical patients.

(5) Furnishes nonmedical items and services to inpatients on a 24-hour basis.

(6) Does not furnish, on the basis of religious beliefs, through its personnel or otherwise medical items and services (including any medical screening, examination, diagnosis, prognosis, treatment, or the administration of drugs) for its patients.

(7) Is not owned by, is not under common ownership with, or does not have an ownership interest of 5 percent or more in, a provider of medical treatment services and is not affiliated with a provider of medical treatment or services or with an individual who has an ownership interest of 5 percent or more in, a provider of medical treatment or services. (Permissible affiliations are described at §403.738(c).)

(8) Has in effect a utilization review plan that sets forth the following:

(i) Provides for review of the admissions to the institution, the duration of stays, and the need for continuous extended duration of stays in the institution, and the items and services furnished by the institution.

(ii) Requires that reviews be made by an appropriate committee of the institution that included the individuals responsible for overall administration and for supervision of nursing personnel at the institution.

(iii) Provides that records be maintained of the meetings, decisions, and actions of the review committee.

Verify with IRS current 501(c)(3) status of the RNHCI, which may have changed since initial application.

Procedure: §403.720(a)(2)

Since these are nonmedical facilities there is a wide range in how States view or consider these facilities. Prior to going onsite find out if the given State licenses or monitors the facilities.

Guideline: §403.720(a)(3)

Only nonmedical nursing services are provided to beneficiaries. The religious services provided to the beneficiary are not to be considered as part of religious nonmedical nursing services.

Guideline: §403.720(a)(4)

Alternative medicine is considered medical care in reviewing the care or services provided to these beneficiaries.

Procedure: §403.720(a)(5)

Verify that services are provided on a 24-hour basis.

Guideline: §403.720(a)(6)

Immunizations may only be administered if required by law and a health care practitioner comes to the facility for the mandated administration of the vaccine.

Procedure: §403.720(a)(7)

Verify ownership using Form CMS-855 and/or Form CMS-1513 as applicable.

Procedure: §403.720(a)(9)

Review the facility system of records to assure that they support coverage decisions and quality of care issues. Review all files for beneficiary elections for religious nonmedical health care institution services.

Guideline: §403.720(a)(10)

In addition to the Conditions of Coverage in accordance to 1821 of the act, a facility must meet the Conditions of Participation and be surveyed accordingly.

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(iv) Meets other requirements as the Secretary finds necessary to establish an effective utilization review plan.

(9) Provides information CMS may require to implement section 1821 of the Act, including information relating to quality of care and coverage decisions.

(10) Meets other requirements CMS finds necessary in the interest of the health and safety of the patients who receive services in the institution. These requirements are the conditions of participation in this subpart.

FED - R0095 - CONDITIONS FOR COVERAGE

Title CONDITIONS FOR COVERAGE

Type Standard

CFR 403.720(b)

Regulation Definition

The provider meets the conditions of participation cited in §§403.730 through 403.746.(A provider may be deemed to meet conditions of participation in accordance with part 488 of this chapter.)

Interpretive Guideline

FED - R0096 - CONDITIONS FOR COVERAGE

Title CONDITIONS FOR COVERAGE

Type Standard

CFR 403.720(c)

Regulation Definition

The provider has a valid provider agreement as a hospital with CMS in accordance with part 489 of this chapter and for payment purposes is classified as an extended care hospital.

Interpretive Guideline

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FED - R0097 - CONDITIONS FOR COVERAGE

Title CONDITIONS FOR COVERAGE

Type Standard

CFR 403.720(d)

Regulation Definition

The beneficiary has a condition that would make him or her eligible to receive services covered under Medicare Part A as an inpatient in a hospital or extended care services furnished in a hospital or skilled nursing facility.

Interpretive Guideline

Procedure:
Review the utilization review committee notes and nurses ' notes.

FED - R0098 - CONDITIONS FOR COVERAGE

Title CONDITIONS FOR COVERAGE

Type Standard

CFR 403.720(e)

Regulation Definition

The beneficiary has a valid election as described in §403.724 in effect for Medicare covered services furnished in an RNHCL.

Interpretive Guideline

FED - R0099 - VALID ELECTION REQUIREMENTS

Title VALID ELECTION REQUIREMENTS

Type Condition

CFR 403.724

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Regulation Definition

An election statement must be made by the Medicare beneficiary or his or her legal representative.

(1) The election must be a written statement that must include the following statements:

(i) The beneficiary is conscientiously opposed to acceptance of nonexcepted medical treatment.

(ii) The beneficiary acknowledges that the acceptance of nonexcepted medical treatment is inconsistent with his or her sincere religious beliefs.

(iii) The beneficiary acknowledges that the receipt of nonexcepted medical treatment constitutes a revocation of the election and may limit further receipt of services in an RNHCI.

(iv) The beneficiary acknowledges that the election may be revoked by submitting a written statement to CMS.

(v) The beneficiary acknowledges that revocation of the election will not prevent or delay access to medical services available under Medicare Part A in facilities other than RNHCI's.

(2) The election must be signed and dated by the beneficiary or his or her legal representative.

(3) The election must be notarized.

(4) The RNHCI must keep a copy of the election statement on file and submit the original to CMS with any information obtained regarding prior elections or revocations.

(5) The election becomes effective on the date it is signed.

(6) The election remains in effect until revoked.

Interpretive Guideline

The election means a written statement signed by the patient to choose to receive nonmedical care for religious reasons. Excepted medical care means medical care that is received involuntarily or required under Federal, State, or local law.

Each RNHCI has the ability to customize the election form used by beneficiaries. However, the prescribed list of content stated in the regulation must be included in order to qualify as a legal election of RNHCI care or services. The six major items in the regulatory column may be used as a check list in reviewing elections.

§403.724(b) Revocation of election - (included for your information rather than as a survey item)

(1) A beneficiary's election is revoked by one of the following:

(i) The beneficiary receives nonexcepted medical treatment for which Medicare payment is requested.

(ii) The beneficiary voluntarily revokes the election and notifies CMS in writing.

(2) The receipt of excepted medical treatment as defined in §403.702 does not revoke the election made by a beneficiary.

§403.724(c) Limitation on subsequent elections - (included for your information rather than as a survey item)

(1) If a beneficiary's election has been made and revoked twice, the following limitations on subsequent elections apply:

(i) The third election is not effective until 1 year after the date of the most recent revocation.

(ii) Any succeeding elections are not effective until 5 years after the date of the most recent revocation.

(2) CMS will not accept as the basis for payment of any claim any elections executed on or after January 1 of the calendar year in which the sunset provision described in §403.756 becomes effective.

FED - R0100 - PATIENT RIGHTS

Title PATIENT RIGHTS

Type Condition

CFR 403.730

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Regulation Definition

A RNHCI must protect and promote each patient's rights.

Interpretive Guideline

The intent of this Condition of Participation is to ensure that patient rights are protected and that the facility actively promotes the exercising of rights for each patient. This includes anyone who faces barriers (such as communication problems, hearing problems, and cognition limits) in the exercise of these rights. All patients in RNHCIs have rights guaranteed under Federal and State law.

FED - R0101 - NOTICE OF RIGHTS

Title NOTICE OF RIGHTS

Type Standard

CFR 403.730(a)(1)

Regulation Definition

The RNHCI must Inform each patient of his or her rights in advance of furnishing patient care.

Interpretive Guideline

Procedure:
Determine if individuals and representatives are aware of the individual 's rights and the rules of the facility.

Guideline:
The RNHCI has provided information to the patient and representatives in terms and in a language he or she understands. If the patient ' s knowledge of English or the predominant language of the facility is inadequate for comprehension, a means to communicate in a language familiar to the patient must be available and implemented. The facility should have written translations, as applicable, of its statements of rights and responsibilities, and should make the services of an interpreter available if needed. For hearing impaired patients who communicate by signing, the facility is expected to provide an interpreter. Large print text of the facility statement of patient rights and responsibilities should also be available.

When State or Federal laws regarding patient rights change during a patient stay, the patient and/or his or her legal representative must be promptly informed of these changes.

Probe:
Does the facility have a formalized statement of rights and responsibilities?

Does the facility verify that patients have received and understand their rights and responsibilities?

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FED - R0102 - NOTICE OF RIGHTS

Title NOTICE OF RIGHTS

Type Standard

CFR 403.730(a)(2)

Regulation Definition

The RNHCI must have a process for prompt resolution of grievances, including a specific person within the facility whom a patient may contact to file a grievance. In addition, the facility must provide patients with information about the facility's process as well as with contact information for appropriate State and Federal resources.

Interpretive Guideline

Intent:

The intent of this regulation is to provide an opportunity for patients to express in a means or communicate in a familiar language grievances, and for the facility to resolve any grievances. It is expected that facilities will have a grievance process that allows patients to express concerns without retribution, and resolves grievances to the extent possible. The facility should maintain a system of receipt and resolution of grievances (such as a log) as well as provide patients with names, addresses, and telephone numbers of appropriate State and Federal resources.

FED - R0103 - EXERCISE OF RIGHTS

Title EXERCISE OF RIGHTS

Type Standard

CFR 403.730(b)(1)

Regulation Definition

The patient has the right to be informed of his or her rights and to participate in the development and implementation of his or her plan of care.

Interpretive Guideline

Procedure:

Discuss with the patient, the services that he or she is receiving specific to the plan of care. Ask the patient how he or she was told of any changes in the plan of care. Discuss the changes and see if the patient has received written information and if the patient understands the information. Determine the extent to which the facility initiates activities that involve the patient in his or her care. If the patient refused to participate, interview the patient to verify his/her refusal.

Probe:

What do you observe about the interaction between staff and patients?

Is there evidence that the patient was included or proactively involved in his/her plan of care?

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FED - R0104 - EXERCISE OF RIGHTS

Title EXERCISE OF RIGHTS

Type Standard

CFR 403.730(b)(2)

Regulation Definition

The patient has the right to make decisions regarding his or her care, including transfer and discharge from the RNHCI. (See §403.736 for discharge and transfer requirements.)

Interpretive Guideline

Probe:

Is there evidence that each patient was given information regarding the right to make decisions?

FED - R0105 - EXERCISE OF RIGHTS

Title EXERCISE OF RIGHTS

Type Standard

CFR 403.730(b)(3)

Regulation Definition

The patient has the right to formulate advance directives and expect staff who furnish care in the RNHCI to comply with those directives, in accordance with part 489, Subpart I of this chapter. For purposes of conforming with the requirement in §489.102 that there be documentation in the patient's care records concerning advance directives, the patient care records of a beneficiary in an RNHCI are equivalent to medical records held by other providers.

Interpretive Guideline

Advance directives are particularly important for a patient choosing to rely solely upon religious nonmedical methods of healing, as it makes his or her wishes known in the event he or she becomes incapacitated and unable to make health care choices. An advance directive could lead to the provision of nonexcepted medical care, and thus effectively revoke an election, or support the choice made in that election, and must be honored by the facility.

Procedure:

Ensure that an election form that complies with §403.724(a) is on file for each patient. Revocations of elections must also be on file. Ensure that there is evidence that the patient has had the opportunity to formulate his or her advance directive. Corroborate through patient interviews.

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FED - R0106 - PATIENT RIGHTS - PRIVACY & SAFETY

Title PATIENT RIGHTS - PRIVACY & SAFETY

Type Standard

CFR 403.730(c)(1)

Regulation Definition

The patient has the right to personal privacy.

Interpretive Guideline

Personal privacy includes accommodations, written and telephone communications, personal care, visits, and meetings of family and patient groups, but this does not require the facility to provide a private room for each patient.

Facility staff must examine and care for patients in a manner that maintains the privacy of patients' bodies. A patient must be granted privacy when toileting and in other activities of personal hygiene. If a patient requires assistance, authorized staff should respect the patient's need for privacy. People not involved in the care of the patient should not be present during care, nor should video or other electronic monitoring/recording methods be used without the patient's consent. Prior to the provision of personal care and services, staff should remove the patient from public view to prevent unnecessary exposure of the patient's body parts (using means such as privacy curtains, closed patient room doors, clothing and/or draping).

FED - R0107 - PATIENT RIGHTS - PRIVACY & SAFETY

Title PATIENT RIGHTS - PRIVACY & SAFETY

Type Standard

CFR 403.730(c)(2)

Regulation Definition

The patient has the right to care in a safe setting.

Interpretive Guideline

The intention of this requirement is to specify that each patient receive care in an environment that is considered to be reasonably safe. For example, RNHCI staff should follow current standards of practice for patient environmental safety, infection control, and security.

Other safe setting includes but is not limited to properly maintained assistive devices (wheelchair, walker, cane, hearing aide), bathing facilities with non-slip surfaces, electrical appliances without frayed wires or exposed heating elements, proper radiator temperatures, proper water temperatures in hand sinks, and bathing facilities which cannot

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scald or harm patients.

Probe:

What are the RNHCI 's policies and procedures for patient environmental safety, infection control, and security?

Does the facility notify appropriate agencies of public health concern as required?

FED - R0108 - PATIENT RIGHTS - PRIVACY & SAFETY

Title PATIENT RIGHTS - PRIVACY & SAFETY

Type Standard

CFR 403.730(c)(3)

Regulation Definition

The patient has the right to freedom from verbal, psychological, and physical abuse, and misappropriation of property.

Interpretive Guideline

Patients must not be subjected to any type of abuse by any individual, including but not limited to staff, other patients, consultants, volunteers, family members, legal guardians, friends or other individuals.

"Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish (see 42 CFR 488.301). This includes staff neglect or indifference to infliction of injury or intimidation of one patient by another.

Neglect means a failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. (See 42 CFR 488.301)

Surveyors should keep in mind that this is a non-medical model and should not expect to see medical care given. Patient should receive the care indicated in their care plan.

This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This presumes that instances of abuse of all patients, even those in a coma, cause physical harm, or pain or mental anguish.

"Misappropriation of property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient's belongings or money without the patient's consent. (See 42 CFR 488.301)

The facility must have a mechanism in place that is designed to identify potential abuse situations, investigate

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allegations, and protect patients and staff during investigations. Through the quality assessment and performance improvement system and staff training, the facility must demonstrate ongoing attempts to prevent future incidents of abuse.

Procedure:

If during the course of a survey, surveyors identify potential abuse situations, investigate allegations through interviews, observations, and record reviews. Report and record any instances where the survey team observes an abusive incident. Completely document who committed the alleged abusive act, nature of the abuse, and where and when it occurred. Ensure that the facility addresses the incident immediately.

Probes:

What type of complaints do individuals report (if any) and how well does the facility respond?

Are adequate systems in place to protect patients from abuse and misappropriation of property?

Are incidents reported appropriately?

FED - R0109 - PATIENT RIGHTS - PRIVACY & SAFETY

Title PATIENT RIGHTS - PRIVACY & SAFETY

Type Standard

CFR 403.730(c)(4)

Regulation Definition

The patient has the right to freedom from the use of restraints.

Interpretive Guideline

Restraint and seclusion use may constitute an accident hazard. Professional standards of practice have eliminated the need for physical restraints except under limited medical circumstances. RNHCIs may not use restraints.

The facility may not use restraints in violation of the regulation solely because a surrogate or representative has approved or requested them.

Restraints means any manual method or physical or mechanical device, material, or equipment attached or adjacent to the patient's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.

Restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, lap cushions and

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- lap trays the patient cannot remove. Also included as restraints are facility practices such as:
- o Using bed rails to keep a patient from voluntarily getting out of bed as opposed to enhancing mobility while in bed;
 - o Tucking in a sheet so tightly that a bed bound patient cannot move;
 - o Using wheelchair safety bars to prevent a patient from rising from the chair;
 - o Placing a patient in a chair that prevents rising; and
 - o Placing a patient who uses a wheelchair so close to a wall that the wall prevents the patient from rising.

FED - R0110 - PATIENT RIGHTS - PRIVACY & SAFETY

Title PATIENT RIGHTS - PRIVACY & SAFETY

Type Standard

CFR 403.730(c)(5)

Regulation Definition

The patient has the right to freedom from involuntary seclusion.

Interpretive Guideline

Involuntary seclusion is the involuntary confinement of a person alone in a room or an area where the person is physically prevented from leaving. A patient who is involuntarily in a room isolated from the rest of a unit should be considered in seclusion.

RNHCI may not use seclusion.

FED - R0111 - CONFIDENTIALITY OF PATIENT RECORDS

Title CONFIDENTIALITY OF PATIENT RECORDS

Type Standard

CFR 403.730(d)(1)

Regulation Definition

For any patient care records or election information it maintains on patients, the RNHCI must establish procedures to safeguard the privacy of any information that identifies a particular patient. Information from, or copies of, records may be released only to authorized individuals, and the RNHCI must ensure that unauthorized individuals cannot gain access

Interpretive Guideline

The patient has the right to have his or her care records maintained in a confidential manner.

Probes:

How does the facility ensure the confidentiality of patient records?

Does the facility instruct the caretaker and authorized individual about protecting the confidentiality of the record, if

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to or alter patient records. Original patient care records must be released only in accordance with Federal or State laws, court orders, or subpoenas.

the facility leaves a portion of the record with the caretaker and/or authorized individual?

What evidence indicates that each patient is informed of policies and procedures concerning his/her record disclosure?

FED - R0112 - CONFIDENTIALITY OF PATIENT RECORDS

Title CONFIDENTIALITY OF PATIENT RECORDS

Type Standard

CFR 403.730(d)(2)

Regulation Definition

For any patient care records or election information it maintains on patients, the RNHCI must establish procedures to maintain the records and information in an accurate and timely manner.

Interpretive Guideline

FED - R0113 - CONFIDENTIALITY OF PATIENT RECORDS

Title CONFIDENTIALITY OF PATIENT RECORDS

Type Standard

CFR 403.730(d)(3)

Regulation Definition

For any patient care records or election information it maintains on patients, the RNHCI must establish procedures to ensure timely access by patients to the records and other information that pertains to that patient.

Interpretive Guideline

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FED - R0114 - CONFIDENTIALITY OF PATIENT RECORDS

Title CONFIDENTIALITY OF PATIENT RECORDS

Type Standard

CFR 403.730(d)(4)

Regulation Definition

For any patient care records or election information it maintains on patients, the RNHCI must establish procedures to abide by all Federal and State laws regarding confidentiality and disclosure for patient care records and election information.

Interpretive Guideline

FED - R0125 - QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT

Title QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT

Type Condition

CFR 403.732

Regulation Definition

The RNHCI must develop, implement, and maintain a quality assessment and performance improvement program.

Interpretive Guideline

Intent:

The facility must have in place a program that has a definitive scope and which can be used to measure, analyze, track, and improve performance. The plan should address the full range of services offered by the facility.

FED - R0126 - PROGRAM SCOPE

Title PROGRAM SCOPE

Type Standard

CFR 403.732(a)(1)

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Regulation Definition

The quality assessment and performance improvement program must include, but is not limited to, measures to evaluate:

- (i) Access to care.
- (ii) Patient satisfaction.
- (iii) Staff performance.
- (iv) Complaints and grievances.
- (v) Discharge planning activities.
- (vi) Safety issues, including physical environment.

Interpretive Guideline

The facility must objectively evaluate the required areas. The facility must also objectively evaluate any additional areas which they decide to include in their quality assessment and evaluation program.

Specifically, at a minimum, the facility must define and describe quality assessment and performance improvement activities that are appropriate for the services furnished in the facility. CMS has not provided a specific definition of quality nor provides an outline for what activities are appropriate to meet this standard due to the unique nature of the RNHCI program.

FED - R0127 - PROGRAM SCOPE

Title PROGRAM SCOPE

Type Standard

CFR 403.732(a)(2)

Regulation Definition

In each of the areas listed in paragraph (a)(1) of this section, and any other areas the RNHCI includes, the RNHCI must do the following:

- (i) Define quality assessment and performance improvement measures.
- (ii) Describe and outline quality assessment and performance improvement activities appropriate for the services furnished by or in the RNHCI.
- (iii) Measure, analyze, and track performance that reflect care and RNHCI processes.
- (iv) Inform all patients, in writing, of the scope and responsibilities of the quality assessment and performance improvement program.

Interpretive Guideline

Procedure:

Review facility policies and procedures on the quality assessment and performance improvement program.

Determine if the facility has a formal method to identify issues in the facility, that require quality assessment and performance improvement.

Determine if the facility has a method to respond to identified issues and the means to evaluate the response to the issues.

Verify through interviews with staff, patients, and governing body member(s) that the facility has established a protocol or method for addressing quality in the facility, and those issues that the facility believes have now been resolved.

Verify that the staff and patient know how to access that process.

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FED - R0128 - PROGRAM SCOPE

Title PROGRAM SCOPE

Type Standard

CFR 403.732(a)(3)

Regulation Definition

The RNHCI must set priorities for performance improvement, considering the prevalence of and severity of identified problems.

Interpretive Guideline

Probe:

Are RNHCI improvement priorities based on problems identified and is performance improvement realistic or achievable based on the prevalence and severity of the problem?

Are priorities specific to identified problems with timeline for measuring each objective?

Are there demonstrable steps toward improvement?

FED - R0129 - PROGRAM SCOPE

Title PROGRAM SCOPE

Type Standard

CFR 403.732(a)(4)

Regulation Definition

The RNHCI must act to make performance improvements and must track performance to assure that improvements are sustained.

Interpretive Guideline

The facility must use an objective means of tracking performance. Each facility is allowed the flexibility to identify its own measures of performance for the activities it identifies as priorities in its quality assessment and performance improvement strategy. The facility meets this requirement by conducting an analysis when adverse outcomes are identified and the facility takes action to sustain correction and improvement of the identified issue.

For a RNHCI to consider that it is "doing better" is a subjective statement and is not an acceptable measure of performance. There must be some identifiable units of measurement that a knowledgeable person can distinguish as evidence of change.

Probe:

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Does the RNHCI take action to enact long-term correction and improvement?

FED - R0130 - PROGRAM RESPONSIBILITIES

Title PROGRAM RESPONSIBILITIES

Type Standard

CFR 403.732(b)(1)

Regulation Definition

The governing body, administration, and staff are responsible for ensuring that the quality assessment and performance improvement program addresses identified priorities in the RNHCI and are responsible for the development, implementation, maintenance, and performance improvement of assessment actions.

Interpretive Guideline

Probe:

How does the RNHCI ensure that responsibilities for quality assessment are identified, performed and monitored with the goal of continuous performance improvement?

FED - R0131 - PROGRAM RESPONSIBILITIES

Title PROGRAM RESPONSIBILITIES

Type Standard

CFR 403.732(b)(2)

Regulation Definition

The RNHCI must include all programs, departments, functions, and contracted services when developing, implementing, maintaining, and evaluating the program of quality assessment and performance improvement.

Interpretive Guideline

This includes all services provided under contract with outside agencies.

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FED - R0140 - FOOD SERVICES

Title FOOD SERVICES

Type Condition

CFR 403.734

Regulation Definition

The RNHCI must have an organized food service that is directed and adequately staffed by qualified personnel.

Interpretive Guideline

Intent:

" Qualified personnel " is defined based on State and local laws for the provision of food services. Food service personnel must demonstrate safe food handling (see §403.734 (<http://www.cms.hhs.gov/regulations/>)).

FED - R0141 - SANITARY CONDITIONS

Title SANITARY CONDITIONS

Type Standard

CFR 403.734(a)

Regulation Definition

The RNHCI must furnish food to the patient that is obtained, stored, prepared, distributed, and served under sanitary conditions.

Interpretive Guideline

Sanitary conditions means storing, preparing, distributing, and serving food properly to prevent food-borne illness. Potentially hazardous foods must be subject to continuous time/temperature controls to prevent either the rapid and progressive growth of infectious or toxigenic micro-organisms, such as Salmonella, or the slower growth of Clostridium Botulinum. In addition, foods of plant origin become potentially hazardous when the skin, husk, peel, or rind is breached, thereby possibly contaminating the fruit or vegetable with disease-causing micro-organisms. Potentially hazardous food tends to focus on animal products, including but not limited to milk, eggs, and poultry.

Improper holding temperature is a common contributing factor of food borne illness. The facility must follow proper procedures in cooking, cooling, and storing food according to time, temperature, and sanitary guidelines. Improper handling of food can cause Salmonella and E-Coli contamination.

The RNHCI is expected to follow accepted standards of practice in regards to food storage and handling.

Procedure:

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Observe storage, cooling, and cooking of food. Record the time and date of all observations performed. If a problem is noted, conduct additional observations to verify findings.

Observe that employees are effectively cleaning their hands prior to preparing, distributing and serving food. Observe that food is covered to maintain temperature and protect from other contaminants when transporting meals to patients.

Refrigerated storage: Check all refrigerators and freezers for temperatures. Use the facility ' s or the surveyor ' s own properly sanitized thermometer to evaluate the internal temperatures of potentially hazardous foods with a focus on the quantity of leftovers and the container sizes in which bulk leftovers are stored.

Food preparation: Use a sanitized thermometer to evaluate food temperatures. In addition, how do kitchen ' staff process leftovers? Are they heated to the appropriate temperatures? How is frozen food thawed? How is potentially hazardous food handled during multi-step food preparation (e.g., chicken salad, egg salad)? Is hand contact with food minimized?

Food service: Using a properly sanitized thermometer, check the temperature of hot and cold food prior to serving. How long is milk held without refrigeration prior to distribution?

Food distribution: Is the food protected from contamination as it is transported to the dining rooms and residents' rooms?

Are hand washing facilities convenient and properly equipped for dietary services staff use? (Staff uses good hygienic practices and staff with communicable diseases or infected skin lesions do not have contact with food if that contact will transmit the disease.)

Are toxic items (such as insecticides, detergent, polishes) properly stored, labeled, and used separate from the food?

Probe:

Observe food storage rooms and food storage in the kitchen. Are containers of food stored off the floor and on clean surfaces in a manner that protects it from contamination? Are other areas under storage shelves monitored for cleanliness to reduce attraction of pests?

Are potentially hazardous foods stored at 41° F or below and frozen foods kept at 0° F or below?

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Do staff handle and cook potentially hazardous foods properly?

Are potentially hazardous foods kept at an internal temperature of 41° F or below in a cold food storage unit, or at an internal temperature of 140° F or above in a hot food storage unit during display and service?

Is food transported in a way that protects against contamination (i.e., covered containers, wrapped, or packaged)?

Is there any sign of rodent or insect infestation?

Dishwashing

The current 1993 Food Code, DHHS, FDA, PHS recommends the following water temperature and manual washing instructions:

Machine:

1. Hot Water:

- a. 140° F Wash (or according to the manufacturer ' s specifications or instructions).
- b. 180° F Rinse (180°, 160° or greater at the rack and dish/utensils surfaces).

2. Low temperature:

- a. 120° F + 25ppm (parts per million) Hypochlorite (household bleach) on dish surface.

FED - R0142 - MEALS

Title MEALS

Type Standard

CFR 403.734(b)(1)

Regulation Definition

The RNHCI must serve meals that furnish each patient with adequate nourishment in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The RNHCI must furnish food that is palatable, attractive, and at the proper temperature and consistency.

Interpretive Guideline

CMS prohibits prescription of therapeutic diets or parenteral nutrition in this program, as these are considered medical practices. However, altering food consistency (mechanically altered food; chopped, cut, ground, pureed, etc.) is not considered a medical practice, but is designed to meet the needs of the patient.

"Food-palatability" refers to the taste and/or flavor of the food.

"Food-attractiveness" refers to the appearance of the food when served to patients.

Evidence for palatability and attractiveness of food, from day to day and meal to meal, may be strengthened through

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sources such as additional observation, patient, and staff interviews.

o Does food have a distinct aroma or odor?

o Is the appearance varied in color and texture?

o Is food generally well seasoned (use of spices, herbs, etc.), and acceptable to patients?

o Is food served at preferable temperature (hot foods are served hot and cold foods are served cold) as discerned by the patient and customary practice? Is food held and served at proper temperatures?

Identify concerns such as appearance or meal quality (such as color and texture of vegetables or meats and, preparation and presentation of mechanically altered foods).

FED - R0143 - MEALS

Title MEALS

Type Standard

CFR 403.734(b)(2)

Regulation Definition

The RNHCI must serve meals that furnish each patient with adequate nourishment in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The RNHCI must offer substitutes of similar nourishment to patients who refuse food served or desire alternative choices.

Interpretive Guideline

Observe food service to determine that meals are appropriate to each patient according to care plans.

Ask patients how well the food meets their taste needs. Are patients offered the opportunity to receive substitutes when refusing food on the original menu?

Ask patients when they eat breakfast, lunch, and dinner.

FED - R0144 - MEALS

Title MEALS

Type Standard

CFR 403.734(b)(3)

Regulation Definition

The RNHCI must serve meals that furnish each patient with adequate nourishment in accordance with the recommended

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dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The RNHCI must furnish meals at regular times comparable to normal mealtimes in the community. There must be no more than 14 hours between a substantial evening meal and breakfast the following day.

FED - R0145 - MEALS

Title MEALS

Type Standard

CFR 403.734(b)(4)

Regulation Definition

The RNHCI must serve meals that furnish each patient with adequate nourishment in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The RNHCI must offer snacks at bedtime.

Interpretive Guideline

FED - R0150 - DISCHARGE PLANNING

Title DISCHARGE PLANNING

Type Condition

CFR 403.736

Regulation Definition

§403.736 Condition of participation: Discharge planning.

Discharge planning and instructions. The RNHCI must have in effect a discharge planning process that applies to all patients. The process must assure that appropriate post-institution services are obtained for each patient, as

Interpretive Guideline

Guidance is pending and will be updated in future release.

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necessary. The RNHCI must assess the need for a discharge plan for any patient likely to suffer adverse consequences if there is no planning.

FED - R0151 - DISCHARGE PLANNING EVALUATION

Title DISCHARGE PLANNING EVALUATION

Type Standard

CFR 403.736(a)(1)

Regulation Definition

(1) Discharge instructions must be provided at the time of discharge to the patient or the patient's caregiver as necessary.

Interpretive Guideline

Guidance is pending and will be updated in future release.

FED - R0153 - DISCHARGE PLANNING EVALUATION

Title DISCHARGE PLANNING EVALUATION

Type Standard

CFR 403.736(a)(2)

Regulation Definition

§403.736(a)(2) If the patient assessment indicates a need for a discharge plan, the discharge plan must include instructions on post-RNHCI care to be used by the patient or the caregiver in the patient's home, as identified in the discharge plan.

Interpretive Guideline

Guidance is pending and will be updated in future release.

FED - R0154 - DISCHARGE PLANNING EVALUATION

Title DISCHARGE PLANNING EVALUATION

Type Standard

CFR 403.736(a)(3)

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Regulation Definition

§403.736(a)(3) If the RNHCI's patient assessment does not indicate a need for a discharge plan, the beneficiary or his or her legal representative may request a discharge plan. In this case, the RNHCI must develop a discharge plan for the beneficiary.

Interpretive Guideline

Guidance is pending and will be updated in future release.

FED - R0161 - TRANSFER OR REFERRAL

Title TRANSFER OR REFERRAL

Type Standard

CFR 403.736(b)

Regulation Definition

Standard: Transfer or Referral: The RNHCI must transfer or refer patients in a timely manner to another facility (including a medical facility if requested by the beneficiary, or his or her legal representative) in accordance with §403.730(b)(2).

Interpretive Guideline

Guidance is pending and will be updated in future release.

FED - R0162 - REASSESSMENT

Title REASSESSMENT

Type Standard

CFR 403.736(c)

Regulation Definition

Standard: Reassessment: The RNHCI must reassess its discharge planning process on an ongoing basis. The reassessment must include a review of discharge plans to ensure that they are responsive to discharge needs.

Interpretive Guideline

Guidance is pending and will be updated in future release.

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FED - R0175 - ADMINISTRATION

Title ADMINISTRATION

Type Condition

CFR 403.738

Regulation Definition

A RNHCI must have written policies regarding its organization, services, and administration.

Interpretive Guideline

FED - R0176 - COMPLIANCE W/FEDERAL, STATE, & LOCAL LAWS

Title COMPLIANCE W/FEDERAL, STATE, & LOCAL LAWS

Type Standard

CFR 403.738(a)(1)

Regulation Definition

The RNHCI must operate in compliance with all applicable Federal, State, and local laws, regulations, and codes including, but not limited to, those pertaining to protection against discrimination on the basis of race, color, national origin, age, or handicap (45 CFR parts 80, 84, and 91).

Interpretive Guideline

FED - R0177 - COMPLIANCE W/FEDERAL, STATE, & LOCAL LAWS

Title COMPLIANCE W/FEDERAL, STATE, & LOCAL LAWS

Type Standard

CFR 403.738(a)(2)

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Regulation Definition

The RNHCI must operate in compliance with all applicable Federal, State, and local laws, regulations, and codes including, but not limited to, those pertaining to the protection of human research subjects (45 CFR part 455).

Interpretive Guideline

FED - R0178 - COMPLIANCE W/FEDERAL, STATE, & LOCAL LAWS

Title COMPLIANCE W/FEDERAL, STATE, & LOCAL LAWS

Type Standard

CFR 403.738(a)(3)

Regulation Definition

The RNHCI must operate in compliance with all applicable Federal, State, and local laws, regulations, and codes including, but not limited to, those pertaining to the application of all safeguards to protect against the possibility of fraud and abuse (42 CFR part 455).

Interpretive Guideline

Determine whether the facility is in compliance with Federal, State and local laws.

FED - R0179 - GOVERNING BODY

Title GOVERNING BODY

Type Standard

CFR 403.738(b)(1)

Regulation Definition

The RNHCI must have a governing body, or a person designated to function as a governing body, that is legally responsible for establishing and implementing all policies regarding the RNHCI's management and operation.

Interpretive Guideline

The governing body provides, monitors, and revises, as necessary, policies and operating directions that ensure the necessary staffing, training resources, equipment and environment to provide patients care and ensure their health and safety.

How does the governing body exercise its responsibility for the entire operation of the RNHCI and evaluation of the RNHCI and its patients' outcomes?

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The responsibility for direction includes areas such as health, safety, sanitation, maintenance and repair, and utilization and management of staff. When deficiencies are identified during the survey, interview the administrator or review the minutes of governing body meetings, if available, to determine to what extent the governing body has identified and attempted to address the problem.

If staff have been trained, but are not implementing programs or are inappropriately deployed (e.g., there are enough staff but they are assigned to duties like record keeping which prevents them from delivering needed services), this may indicate a failure of the governing body to adequately direct staff activities.

FED - R0180 - GOVERNING BODY

Title GOVERNING BODY

Type Standard

CFR 403.738(b)(2)

Regulation Definition

The governing body must appoint the administrator responsible for the management of the RNHCI.

Interpretive Guideline

Review agreements with outside agencies to ensure that entities entering into affiliations with the RNHCI for purposes of management and operations meet the ownership requirements at §403.720(a)(7) and §403.738(c).

FED - R0181 - AFFILIATIONS & DISCLOSURE

Title AFFILIATIONS & DISCLOSURE

Type Standard

CFR 403.738(c)(1)

Regulation Definition

An affiliation is permissible if it is between one of the following:

- (i) An individual serving as an uncompensated director, trustee, officer, or other member of the governing body of an RNHCI and a provider of medical treatment or services.
- (ii) An individual who is a director, trustee, officer,

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employee, or staff member of an RNHCI and another individual, with whom he or she has a family relationship, who is affiliated with (or has an ownership interest in) a provider of medical treatment or services.

(iii) The RNHCI and an individual or entity furnishing goods or services as a vendor to both providers of medical treatment or services and RNHCI.

FED - R0182 - AFFILIATIONS & DISCLOSURE

Title AFFILIATIONS & DISCLOSURE

Type Standard

CFR 403.738(c)(2)

Regulation Definition

The RNHCI complies with the disclosure requirements of §420.206 and §455.104 of this chapter.

Interpretive Guideline

FED - R0183 - AFFILIATIONS & DISCLOSURE

Title AFFILIATIONS & DISCLOSURE

Type Standard

CFR 403.738(c)(3)

Regulation Definition

The RNHCI furnishes written notice, including the identity of each new individual or company, to CMS at the time of a change, if a change occurs in any of the following:

- (i) Persons with an ownership or control interest, as defined in §420.201 and §455.101 of this chapter.
- (ii) The officers, directors, agents, or managing employees.
- (iii) The religious entity, corporation, association, or other company responsible for the management of the RNHCI.

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(iv) The RNHCI's administrator or director of nonmedical nursing services.

FED - R0184 - AFFILIATIONS & DISCLOSURE

Title AFFILIATIONS & DISCLOSURE

Type Standard

CFR 403.738(c)(4)

Regulation Definition

RNHCIs must comply with the Federal, State, and Local laws pertaining to "privacy of individual identifiable health information (45 CFR 164)."

Interpretive Guideline

Determine whether the facility is in compliance with Federal, State and local laws. (refer to R176, R177, and R178)

FED - R0190 - STAFFING

Title STAFFING

Type Condition

CFR 403.740

Regulation Definition

The RNHCI must be staffed with qualified experienced personnel who are present in sufficient numbers to meet the needs of the patients.

Interpretive Guideline

Intent:

The intent of the regulation is that all areas of the RNHCI are staffed with sufficient, qualified personnel. To be an efficient and well-run institution, all staff, including those not directly involved in patient care, must work to improve the overall quality of the facility.

Staff are available and know how to respond to individual patients' needs and emergencies at all times. The RNHCI has sufficient staff to provide needed care and services.

Guideline:

The test of adequacy of staffing is how well the facility has organized itself to detect and react appropriately to potential emergencies, such as fire, injuries, etc.

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Do not look at numbers alone. The RNHCI is responsible for organizing and evaluating its activities, assignments and available staff in such a way that maximizes the benefit to the patient. During the course of the onsite survey, you should be able to observe behavioral evidence of such organization.

Probe:

Is there observational or other evidence to suggest that patients' needs are not being met (e.g., demonstrate need for toileting, changing) while staff do laundry, housekeeping, cooking, or other tasks?

FED - R0191 - PERSONNEL QUALIFICATIONS

Title PERSONNEL QUALIFICATIONS

Type Standard

CFR 403.740(a)

Regulation Definition

The RNHCI must ensure that staff who supervise or furnish services to patients are qualified to do so and that staff allowed to practice without direct supervision have specific training to furnish these services.

Interpretive Guideline

In order to determine whether RNHCI staff are "qualified," in the absence of specific Federal, State, or local laws, review staff records for evidence of work experience and training (including, but not limited to, educational or life experience) with respect to duties currently performed.

This standard applies to all such individuals who furnish services, whether or not they are employed or compensated by the RNHCI or, if they are compensated, whether salaried or contractors.

FED - R0192 - EDUCATION, TRAINING, & PERFORMANCE EVALUATION

Title EDUCATION, TRAINING, & PERFORMANCE EVALUATION

Type Standard

CFR 403.740(b)(1)

Regulation Definition

The RNHCI must ensure that staff (including contractors and other individuals working under arrangement) have the necessary education and training concerning their duties so that they can furnish services competently. This education

Interpretive Guideline

Probe:

How does the facility orient personnel (including contractual personnel) to RNHCI objectives, policies, procedures, and programs?

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includes, but is not limited to, training related to the individual job description, performance expectations, applicable organizational policies and procedures, and safety responsibilities.

How does coordination of care among staff and/or contract personnel providing services to the facility occur?

Have staff received training (both upon hiring and on an ongoing basis) which results in the competencies needed to do their job?

Are staff aware and capable of meeting their job requirements?

FED - R0193 - EDUCATION, TRAINING, & PERFORMANCE EVALUATION

Title EDUCATION, TRAINING, & PERFORMANCE EVALUATION

Type Standard

CFR 403.740(b)(2)

Regulation Definition

Staff must demonstrate, in practice, the skills and techniques necessary to perform their duties and responsibilities.

Interpretive Guideline

FED - R0194 - EDUCATION, TRAINING, & PERFORMANCE EVALUATION

Title EDUCATION, TRAINING, & PERFORMANCE EVALUATION

Type Standard

CFR 403.740(b)(3)

Regulation Definition

The RNHCI must evaluate the performance of staff and implement measures for improvement.

Interpretive Guideline

For effective service and safety of the patients, it is critical that all staff use the skills and techniques necessary to do their jobs correctly.

Procedures and Probes:

Observe whether or not staff are knowledgeable about the needs of each patient with whom they are assigned to work. Staff should be able to demonstrate in practice the results of training for the patients for whom they are responsible.

Determine the extent to which staff demonstrate competency in providing care for the patients for whom they are responsible.

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If you identify questionable patient care practices by staff:

- o Interview staff with respect to the practice; and
- o Determine the purpose of the practice.

How has the facility addressed areas of weakness identified in its evaluation of its staff and incorporated actions to improve staff and the facility's overall performance?

How does the facility orient personnel (including contractual personnel) to objectives, policies, procedures, and programs?

How does coordination of care among staff and/or contract personnel providing services to the facility occur on an ongoing basis?

FED - R0200 - PHYSICAL ENVIRONMENT

Title PHYSICAL ENVIRONMENT

Type Condition

CFR 403.742
403.742(a)

Regulation Definition

A RNHCI must be designed, constructed, and maintained to ensure the safety of the patients, staff, and the public.

(a) Standard: Buildings. The physical plant and the overall environment must be maintained in a manner that ensures the safety and well-being of the patients. The RNHCI must have the following:

Interpretive Guideline

Guidance pending and will be updated in a future release.

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FED - R0202 - Trash

Title Trash

Type Standard

CFR 403.742(a)(1)

Regulation Definition

(1) Procedures for the proper storage and disposal of trash.

Interpretive Guideline

Guidance is pending and will be updated in future release.

FED - R0203 - Ventilation and temperature

Title Ventilation and temperature

Type Standard

CFR 403.742(a)(2)

Regulation Definition

(2) Proper ventilation and temperature control and appropriate lighting levels to ensure a safe and secure environment.

Interpretive Guideline

Guidance is pending and will be updated in future release.

FED - R0206 - Pest Control Program

Title Pest Control Program

Type Standard

CFR 403.742(a)(3)

Regulation Definition

The physical plant and the overall environment must be maintained in a manner that ensures the safety and well-being of the patients. The RNHCI must have:

Interpretive Guideline

Guidance is pending and will be updated in future release.

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(3) An effective pest control program.

FED - R0207 - Preventative maintenance program

Title Preventative maintenance program

Type Standard

CFR 403.742(a)(4)

Regulation Definition

The physical plant and the overall environment must be maintained in a manner that ensures the safety and well-being of the patients. The RNHCI must have:

(4) A preventive maintenance program to maintain essential mechanical, electrical, and fire protection equipment operating in an efficient and safe manner.

Interpretive Guideline

Guidance is pending and will be updated in future release. .

FED - R0208 - Call system

Title Call system

Type Standard

CFR 403.742(a)(5)

Regulation Definition

The physical plant and the overall environment must be maintained in a manner that ensures the safety and well-being of the patients. The RNHCI must have:

(5) A working call system for patients to summon aid or assistance.

Interpretive Guideline

Guidance is pending and will be updated in future release.

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FED - R0209 - PATIENT ROOMS

Title PATIENT ROOMS

Type Standard

CFR 403.742(b)

Regulation Definition

Patient rooms must be designed and equipped for adequate care, comfort, and privacy of the patient.

Interpretive Guideline

FED - R0210 - PATIENT ROOMS

Title PATIENT ROOMS

Type Standard

CFR 403.742(b)(1)(i)

Regulation Definition

Patient rooms must accommodate no more than four patients.

Interpretive Guideline

FED - R0211 - PATIENT ROOMS

Title PATIENT ROOMS

Type Standard

CFR 403.742(b)(1)(ii)

Regulation Definition

Patient rooms must measure at least 80 square feet per patient in multiple patient rooms and at least 100 square feet in single patient rooms.

Interpretive Guideline

The measurement of the square footage should be based upon the useable living space of the room. Therefore, the minimum square footage in patient rooms should be measured based upon the floor's measurements exclusive of toilets and bath areas, closets, lockers, wardrobes, alcoves, or vestibules. However, if the height of the alcoves or vestibules reasonably provides useful living area, then the corresponding floor area may be included in the

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calculation.

The space occupied by movable wardrobes should be excluded from the useable square footage in a room, unless it is an item of the patient's own choice, and it is in addition to the individual closet space in the patient's room. Non-permanent items of the patient's own choice should have no effect in the calculation of useable living space.

Protrusions such as columns, radiators, ventilation systems for heating and/or cooling should be ignored in computing the useable square footage of the room if the area involved is minimal (e.g., a baseboard heating or air conditioning system or ductwork that does not protrude more than 8 inches from the wall, or a column that is, not more than 8 inches on each side), and does not have an adverse effect on the patient's health and safety. If these protrusions are not minimal, they would be deducted from useable square footage computed in determining compliance with this requirement.

The swing or arc of any door that opens directly into the patient's room should not be excluded from the calculations of useable square footage in a room.

The facility layout may give square footage measurements. Carry a tape measure and take measurements if the room appears small.

Unless a variance has been applied for and approved as at §403.742(b)(3) are there at least 80 square feet per patient in multiple patient rooms and at least 100 square feet for single patient rooms?

Additional guidance is available from the Life Safety Code (LSC) specialist.

FED - R0212 - PATIENT ROOMS

Title PATIENT ROOMS

Type Standard

CFR 403.742(b)(1)(iii)

Regulation Definition

Patient rooms must have direct access to an exit corridor.

Interpretive Guideline

There is no authority under current regulations to approve a variance to this requirement.

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FED - R0213 - PATIENT ROOMS

Title PATIENT ROOMS

Type Standard

CFR 403.742(b)(1)(iv)

Regulation Definition

Patient rooms must be designed or equipped to assure full visual privacy for each patient.

Interpretive Guideline

"Full visual privacy" means that patients have a means of completely withdrawing from public view while occupying their bed (e.g., curtain, moveable screens, private room).

The guidelines do not intend to limit the provisions of privacy to solely one or more curtains, moveable screens or a private room. Facility operators are free to use other means to provide full visual privacy, with those means varying according to the needs and requests of patients. However, the requirement explicitly states that bedrooms must "be designed or equipped to assure full visual privacy for each patient." For example, a patient with a bed by the window cannot be required to remain out of his or her room while his/her roommate is having a dressing changed. Room design or equipment must provide privacy.

Procedure:

Surveyors will assess whether the means the facility is using to assure full-visual privacy meets this requirement without negatively affecting any other patient rights.

FED - R0214 - PATIENT ROOMS

Title PATIENT ROOMS

Type Standard

CFR 403.742(b)(1)(v)

Regulation Definition

Patient rooms must have at least one window to the outside.

Interpretive Guideline

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FED - R0215 - PATIENT ROOMS

Title PATIENT ROOMS

Type Standard

CFR 403.742(b)(1)(vi)

Regulation Definition

Interpretive Guideline

Patient rooms must have a floor at or above grade level.

FED - R0216 - PATIENT ROOMS

Title PATIENT ROOMS

Type Standard

CFR 403.742(b)(2)(i)

Regulation Definition

Interpretive Guideline

The RNHCI must furnish each patient with a separate bed of proper size and height for the convenience of the patient.

FED - R0217 - PATIENT ROOMS

Title PATIENT ROOMS

Type Standard

CFR 403.742(b)(2)(ii)

Regulation Definition

Interpretive Guideline

The RNHCI must furnish each patient with a clean, comfortable mattress.

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FED - R0218 - PATIENT ROOMS

Title PATIENT ROOMS

Type Standard

CFR 403.742(b)(2)(iii)

Regulation Definition

The RNHCI must furnish each patient with bedding appropriate to the weather and climate.

Interpretive Guideline

FED - R0219 - Standard: Patient Rooms

Title Standard: Patient Rooms

Type Standard

CFR 403.742(b)(2)(iv)

Regulation Definition

The RNHCI must furnish each patient with functional furniture appropriate to the patient's needs and individual closet space with clothes racks and shelves accessible to the patient.

Interpretive Guideline

"Functional furniture appropriate to the patients' needs" means that the furniture in each patient's room contributes to the patient attaining or maintaining his/her highest practicable level of independence. In general, furnishings include places to put clothing away in an organized manner that will let it remain clean, free of wrinkles, and accessible to the patient while protecting it from casual access by others, and places to put personal effects.

There may be instances in which individual patients determine that certain items are not necessary (e.g., both the patient and spouse use wheelchairs. They visit more easily without another chair in the room.) In this case, the patient's wishes could determine the furniture needs.

"Shelves accessible to the patient" means that the patient, if able, or a staff person at the direction of the patient, can get to their clothes whenever they choose.

Probe:

Is there functional furniture appropriate to the patients' needs?

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Is there individual closet space with accessible clothes racks and shelves?

FED - R0224 - CONDITION OF PARTICIPATION: LIFE SAFETY FROM

Title CONDITION OF PARTICIPATION: LIFE SAFETY FROM

Type Condition

CFR 403.744
403.744(a)

Regulation Definition

Interpretive Guideline

§403.744 Condition of participation: Life safety from fire.

Guidance is pending and will be updated in future release.

(a) General. An RNHCI must meet the following conditions:

FED - R0225 - LIFE SAFETY CODE

Title LIFE SAFETY CODE

Type Standard

CFR 403.744(a)(1)(i)

Regulation Definition

Interpretive Guideline

§403.744(a) General. An RNHCI must meet the following conditions:

Guidance pending.

(1) Except as provided in this section-

(i) The RNHCI must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4).

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FED - R0226 - CORRIDOR DOORS AND DOORS TO ROOMS

Title CORRIDOR DOORS AND DOORS TO ROOMS

Type Standard

CFR 403.744(a)(1)(ii)

Regulation Definition

(ii) Notwithstanding paragraph (a)(1)(i) of this section, corridor doors and doors to rooms containing flammable or combustible materials must be provided with positive latching hardware. Roller latches are prohibited on such doors.

Interpretive Guideline

Guidance pending.

FED - R0227 - FIRE CONTROL PLANS

Title FIRE CONTROL PLANS

Type Standard

CFR 403.744(a)(2)

Regulation Definition

(2) The RNHCI must have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, staff, and the public; evacuation; and cooperation with fire fighting authorities.

Interpretive Guideline

Guidance pending.

FED - R0228 - FIRE INSPECTION

Title FIRE INSPECTION

Type Standard

CFR 403.744(a)(3)

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Regulation Definition

Interpretive Guideline

(3) The RNHCI must maintain written evidence of regular inspection and approval by State or local fire control agencies

Guidance pending.

FED - R0229 - ALCOHOL BASED HAND RUB DISPENSERS

Title ALCOHOL BASED HAND RUB DISPENSERS

Type Standard

CFR 403.744(a)(4)

Regulation Definition

Interpretive Guideline

(4) The RNHCI may place alcohol-based hand rub dispensers in its facility if the dispensers are installed in a manner that adequately protects against inappropriate access.

Guidance pending.

FED - R0230 - SPRINKLER SYSTEM SHUT DOWN

Title SPRINKLER SYSTEM SHUT DOWN

Type Standard

CFR 403.744(a)(5)

Regulation Definition

Interpretive Guideline

(5) When a sprinkler system is shut down for more than 10 hours the RHNCI must:

Guidance pending.

(i) Evacuate the building or portion of the building affected by the system outage until the system is back in service, or

(ii) Establish a fire watch until the system is back in service.

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FED - R0231 - OUTSIDE WINDOW OR OUTSIDE DOOR

Title OUTSIDE WINDOW OR OUTSIDE DOOR

Type Standard

CFR 403.744(a)(6)

Regulation Definition

(6) Building must have an outside window or outside door in every sleeping room, and for any building constructed after July 5, 2016 the sill height must not exceed 36 inches above the floor. Windows in atrium walls are considered outside windows for the purposes of this requirement.

Interpretive Guideline

Guidance pending.

FED - R0232 - EXCEPTIONS

Title EXCEPTIONS

Type Standard

CFR 403.744(b)

Regulation Definition

(b) Exceptions. (1) In consideration of a recommendation by the State survey agency or Accrediting Organization, or at the discretion of the Secretary, may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a RNHCI facility, but only if the waiver will not adversely affect the health and safety of the patients.

(2) If CMS finds that the fire and safety code imposed by State law adequately protects patients in the institution, the provisions of the Life Safety Code required in paragraph (a) (1) of this section do not apply in that State.

Interpretive Guideline

Guidance pending.

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FED - R0233 - STANDARDS INCORPORATED BY REFERENCE

Title STANDARDS INCORPORATED BY REFERENCE

Type Standard

CFR 403.744(c)

Regulation Definition

(c) The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.

(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.

(i) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011;

(ii) TIA 12-1 to NFPA 101, issued August 11, 2011.

(iii) TIA 12-2 to NFPA 101, issued October 30, 2012.

(iv) TIA 12-3 to NFPA 101, issued October 22, 2013.

(v) TIA 12-4 to NFPA 101, issued October 22, 2013.

Interpretive Guideline

No guidance

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(2) [Reserved]

FED - R0234 - CONDITION OF PARTICIPATION: BUILDING SAFETY

Title CONDITION OF PARTICIPATION: BUILDING SAFETY

Type Condition

CFR 403.745

Regulation Definition

Interpretive Guideline

§403.745 Condition of participation: Building safety.

Guidance pending.

(a) Standard: Building Safety. Except as otherwise provided in this section the RNHCI must meet the applicable provisions and must proceed in accordance with the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5 and TIA 12-6).

(b) Standard: Exceptions. Chapters 7, 8, 12, and 13 of the adopted Health Care Facilities Code do not apply to a RNHCI.

(c) Waiver. If application of the Health Care Facilities Code required under paragraph (a) of this section would result in unreasonable hardship for the RNHCI, CMS may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of individuals.

(d) Incorporation by reference. The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call

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202-741-6030, or go to:

http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.

(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.

(i) NFPA 99, Standards for Health Care Facilities Code of the National Fire Protection Association 99, 2012 edition, issued August 11, 2011.

(ii) TIA 12-2 to NFPA 99, issued August 11, 2011.

(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.

(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.

(v) TIA 12-5 to NFPA 99, issued August 1, 2013.

(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.

(2) [Reserved]

FED - R0235 - UTILIZATION REVIEW

Title UTILIZATION REVIEW

Type Condition

CFR 403.746

Regulation Definition

The RNHCI must have in effect a written utilization review plan to assess the necessity of services furnished. The plan must provide that records be maintained of all meetings,

Interpretive Guideline

Determine that the RNHCI has a written utilization review plan to assess the necessity of services furnished by the RNHCI and its staff to Medicare and Medicaid patients. Verify through review of records and reports, and interviews with the Utilization Review (UR) chairperson and/or members, that UR activities are being performed as described in

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decisions, and actions by the utilization review committee.

the plan. Review the minutes of the UR committee to verify that they include procedures for evaluating admissions as stated in §403.746(a).

FED - R0236 - UTILIZATION REVIEW PLAN

Title UTILIZATION REVIEW PLAN

Type Standard

CFR 403.746(a)

Regulation Definition

The utilization review plan must contain written procedures for evaluating admissions, duration of care, continuing care of an extended duration, and items and services furnished.

Interpretive Guideline

FED - R0237 - UTILIZATION REVIEW COMMITTEE

Title UTILIZATION REVIEW COMMITTEE

Type Standard

CFR 403.746(b)

Regulation Definition

The committee is responsible for evaluating each admission and ensuring that the admission is necessary and appropriate. The utilization review plan must be carried out by the utilization review committee, consisting of the governing body, administrator or other individual responsible for the overall administration of the RNHCI, the supervisor of nursing staff, and other staff as appropriate.

Interpretive Guideline

Review the Utilization Review plan and the determinations involving all admissions or extended stays.

Verify that the composition of the UR committee is appropriate.

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FED - R9999 - FINAL OBSERVATIONS

Title FINAL OBSERVATIONS

Type Memo Tag

CFR

Regulation Definition

Interpretive Guideline