



| NAME OF FACILITY                     |   | COMPLIANCE WITH STATE AND LOCAL LAWS |                                  | YES | NO | N/A | EXPLANATORY STATEMENT |
|--------------------------------------|---|--------------------------------------|----------------------------------|-----|----|-----|-----------------------|
|                                      | <b>COMPLIANCE WITH STATE AND LOCAL LAWS (Condition of Participation)</b>  | <input type="checkbox"/> MET         | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F500                                 | SNF (405.1120)  | <input type="checkbox"/> MET         | <input type="checkbox"/> NOT MET |     |    |     |                       |
| <b>A. Licensure</b>                  |   |                                      |                                  |     |    |     |                       |
| F501                                 | SNF (405.1120(a)) (Standard)  | <input type="checkbox"/> MET         | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F502                                 | ICF (442.251) (Standard)  | <input type="checkbox"/> MET         | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F503                                 | The facility has a current State License (Number _____)   |                                      |                                  |     |    |     |                       |
| <b>B. Personnel Licensure</b>        |   |                                      |                                  |     |    |     |                       |
| F504                                 | SNF (405.1120(b)) (Standard)  | <input type="checkbox"/> MET         | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F505                                 | ICF (442.302) (Standard)  | <input type="checkbox"/> MET         | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F506                                 | Staff of the facility are licensed or registered in accordance with applicable State laws.  |                                      |                                  |     |    |     |                       |
| <b>C. Compliance with Other Laws</b> |   |                                      |                                  |     |    |     |                       |
| F507                                 | SNF (405.1120(c)) (Standard)  | <input type="checkbox"/> MET         | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F508                                 | ICF (442.252) (Standard)  | <input type="checkbox"/> MET         | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F509                                 | ICF (442.315) (Standard)  | <input type="checkbox"/> MET         | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F510                                 | The facility is in compliance with applicable Federal, State and local laws and regulations relating to fire and safety, sanitation, communicable and reportable diseases, postmortem procedures and other relevant health and safety requirements. |                                      |                                  |     |    |     |                       |

| NAME OF FACILITY |  | COMPLIANCE WITH STATE AND LOCAL LAWS/<br>GOVERNING BODY AND MANAGEMENT   |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|--|--|--|-----|----|-----|-----------------------|
|                  |  | The facility is in compliance with applicable regulations pertaining to:   |  |     |    |     |                       |
| F511             |  | Buying, dispensing, safeguarding, administering, and disposing of medications and controlled substances.<br><b>Exception: Not applicable to SNFs.</b>  |  |     |    |     |                       |
| F512             |  | Construction, maintenance and equipment.<br><b>Exception: Not applicable to SNFs.</b>  |  |     |    |     |                       |
| F513             |  | Current reports from all responsible governmental agencies are retained at the facility.   |  |     |    |     |                       |
| F514             |  | <b>Governing Body and Management (Condition of Participation)</b><br>SNF (405.1121) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET<br>The facility has a governing body with full legal authority and responsibility for operation of the facility. |  |     |    |     |                       |
| F515             |  | <b>A. Disclosure</b><br>SNF (405.1121(a)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET<br>Full disclosure of ownership has been made in accordance with requirements at 42 CFR 420.206.  |  |     |    |     |                       |
| F516             |  | <b>B. Administration</b><br>SNF (405.1121(c)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |  |     |    |     |                       |
| F517             |  | 1. Written bylaws address the operation of the facility.   |  |     |    |     |                       |
| F518             |  | 2. Written bylaws and policies address effective resident care.  |  |     |    |     |                       |
| F519             |  | 3. Bylaws are reviewed and revised as necessary.   |  |     |    |     |                       |

| NAME OF FACILITY                     | GOVERNING BODY AND MANAGEMENT  | YES | NO | N/A | EXPLANATORY STATEMENT |
|--------------------------------------|--|-----|----|-----|-----------------------|
| F520                                 | ICF (442.301) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |     |    |     |                       |
| <b>C. Independent Medical Review</b> |  |     |    |     |                       |
| F521                                 | SNF (405.1121(d)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET<br>The facility has policies which ensure that the facility cooperates in an effective program for regular independent medical evaluation and audit of residents in the facility to the extent required by the programs in which the facility participates. |     |    |     |                       |
| <b>D. Administrator</b>              |  |     |    |     |                       |
| F522                                 | SNF (405.1121(e)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |     |    |     |                       |
| F523                                 | ICF (442.303) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |     |    |     |                       |
| F524                                 | The facility has a licensed administrator who has authority for the overall operation of the facility. (Administrator's license or registration number _____).   |     |    |     |                       |
| <b>E. Resident Care Director</b>     |  |     |    |     |                       |
| F525                                 | ICF (442.304) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |     |    |     |                       |
| F526                                 | 1. The administrator or another professional staff member is the resident care director (RSD).   |     |    |     |                       |
| F527                                 | 2. The RSD coordinates and monitors each resident's care.  |     |    |     |                       |

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|------------------|------|--|-----|----|-----|-----------------------|
|                  |      | <b>F. Institutional Planning</b>   |     |    |     |                       |
|                  | F528 | SNF (405.1121(f)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |     |    |     |                       |
|                  | F529 | 1. The facility has an overall plan and budget prepared by a committee of representatives from the governing body, administrative staff, and the organized medical staff (if any). |     |    |     |                       |
|                  | F530 | 2. The overall plan and budget is reviewed and updated at least annually.  |     |    |     |                       |
|                  | F531 | 3. The plan includes a capital expenditures plan, if necessary.  |     |    |     |                       |
|                  |      | <b>G. Personnel Policies and Procedures</b>  |     |    |     |                       |
|                  | F532 | SNF (405.1121(g)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |     |    |     |                       |
|                  |      | 1. The facility has written policies and procedures that support sound resident care and personnel practices and address, at least:  |     |    |     |                       |
|                  | F533 | a. Control of communicable disease;  |     |    |     |                       |
|                  | F534 | b. The review of employee incidents and accidents to identify health and safety hazards; and   |     |    |     |                       |
|                  | F535 | c. The existence of a safe and sanitary environment.   |     |    |     |                       |
|                  | F536 | 2. Personnel records are current, available to each employee, and contain sufficient information to support placement in the position to which assigned.                           |     |    |     |                       |
|                  | F537 | 3. Referral or provision for periodic health examinations to ensure freedom from communicable disease.   |     |    |     |                       |

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|------------------|------|---|-----|----|-----|-----------------------|
|                  |      | <b>H. Outside Resources/Consultant Agreements</b>   |     |    |     |                       |
|                  | F538 | SNF (405.1121(i)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET  |     |    |     |                       |
|                  | F539 | ICF (442.317) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET  |     |    |     |                       |
|                  | F540 | The facility has written agreements with qualified persons to render a service (if it does not employ a qualified professional person to do so). The agreements:  |     |    |     |                       |
|                  | F541 | 1. Address the responsibilities, functions, objectives, and terms (including financial arrangements and charges);   |     |    |     |                       |
|                  | F542 | 2. Are signed by an authorized representative of the facility and the outside resource; and   |     |    |     |                       |
|                  | F543 | 3. Specify that the facility retains ultimate responsibility for the services rendered.   |     |    |     |                       |
|                  |      | <b>I. Notification of Change in Resident Status</b>   |     |    |     |                       |
|                  | F544 | SNF (405.1121(i)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET  |     |    |     |                       |
|                  | F545 | The facility has policies and procedures to notify physicians and other responsible persons in the event of an accident involving the resident, or resident's physical, mental or emotional status, or resident charges, billings or related administrative matter. |     |    |     |                       |

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|---------------------------|--|-----|--|----|--|-----|--|-----------------------|
| CODE                      | GOVERNING BODY AND MANAGEMENT  |     |  |    |  |     |  |                       |
| <b>J. Resident Rights</b> |  |     |  |    |  |     |  |                       |
| F546                      | SNF (405.1121(k)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET<br>Indicators 1 thru 12 apply to SNFs.                |     |  |    |  |     |  |                       |
| F547                      | ICF (442.311) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |     |  |    |  |     |  |                       |
| <b>1. Information</b>     |  |     |  |    |  |     |  |                       |
| F548                      | a. The facility informs each resident, before or at the time of admission, of his rights and responsibilities.                                   |     |  |    |  |     |  |                       |
| F549                      | b. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.                              |     |  |    |  |     |  |                       |
| F550                      | c. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.     |     |  |    |  |     |  |                       |
| F551                      | d. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.                                       |     |  |    |  |     |  |                       |
| F552                      | e. The resident must be informed in writing of all services and charges for services.  |     |  |    |  |     |  |                       |
| F553                      | f. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis. |     |  |    |  |     |  |                       |
| F554                      | g. The resident must be informed of services not covered by Medicare or Medicaid in the basic rate.  |     |  |    |  |     |  |                       |

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| CODE             |   |                               |  |     |    |     |                       |
| F555             | <b>2. Medical Condition and Treatment</b><br>a. Each resident is informed by a physician of his health and medical condition unless the physician decides that informing the resident is medically contraindicated. |                               |  |     |    |     |                       |
| F556             | b. Each resident is given an opportunity to participate in planning his total care and medical treatment.   |                               |  |     |    |     |                       |
| F557             | c. Each resident is given an opportunity to refuse treatment.   |                               |  |     |    |     |                       |
| F558             | d. Each resident gives informed, written consent before participating in experimental research.   |                               |  |     |    |     |                       |
| F559             | e. If the physician decides that informing the resident of his health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.              |                               |  |     |    |     |                       |
| F560             | <b>3. Transfer and Discharge</b><br>Each resident is transferred or discharged only for:<br>a. Medical reasons.   |                               |  |     |    |     |                       |
| F561             | b. His/her welfare or that of other residents.  |                               |  |     |    |     |                       |
| F562             | c. Nonpayment except as prohibited by the Medicare or Medicaid program.   |                               |  |     |    |     |                       |
| F563             | <b>4. Exercising Rights</b><br>a. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.   |                               |  |     |    |     |                       |
| F564             | b. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.                  |                               |  |     |    |     |                       |
| F565             | c. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.  |                               |  |     |    |     |                       |

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|------------------|---|-------------------------------|----|-----|-----------------------|--|--|
| CODE             |   | YES                           | NO | N/A |                       |  |  |
|                  | <b>5. Financial Affairs</b>   |                               |    |     |                       |  |  |
| F566             | a. Residents are allowed to manage their own personal financial affairs.  |                               |    |     |                       |  |  |
| F567             | b. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to residents in skilled nursing facilities at least on a quarterly basis. |                               |    |     |                       |  |  |
| F568             | c. The facility does not commingle resident funds with any other funds other than resident funds.   |                               |    |     |                       |  |  |
| F569             | d. If a resident requests assistance from the facility in managing his personal financial affairs, resident's delegation is in writing.   |                               |    |     |                       |  |  |
|                  | e. The facility system of accounting includes written receipts for:   |                               |    |     |                       |  |  |
| F570             | 1. All personal possessions and funds received by or deposited with the facility.   |                               |    |     |                       |  |  |
| F571             | 2. All disbursement made to or for the resident.  |                               |    |     |                       |  |  |
| F572             | f. The financial record must be available to the resident and his/her family.   |                               |    |     |                       |  |  |
|                  | <b>6. Freedom from Abuse and Restraints</b>   |                               |    |     |                       |  |  |
| F573             | a. Each resident is free from mental and physical abuse.  |                               |    |     |                       |  |  |
| F574             | b. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.   |                               |    |     |                       |  |  |
| F575             | c. If used in emergencies, they are necessary to protect the resident from injury to himself or others.   |                               |    |     |                       |  |  |

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|---|--|-------------------------------|--|-----|----|-----|-----------------------|
| F576  | d. The use is authorized by a professional staff member identified in the written policies and procedures of the facility.   |                               |  |     |    |     |                       |
| F577  | e. The use is reported promptly to the resident's physician by the staff member.   |                               |  |     |    |     |                       |
| <b>7. Privacy</b>                                   |  |                               |  |     |    |     |                       |
| F578  | a. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.   |                               |  |     |    |     |                       |
| F579  | b. Each resident is given privacy during treatment and care of personal needs.   |                               |  |     |    |     |                       |
| F580  | c. Each resident's records, including information in an automated data bank, are treated confidentially.   |                               |  |     |    |     |                       |
| F581  | d. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.         |                               |  |     |    |     |                       |
| F582  | e. Married residents are given privacy during visits by their spouses.   |                               |  |     |    |     |                       |
| F583  | f. Married residents are permitted to share a room.  |                               |  |     |    |     |                       |
| <b>8. Work</b>                                      |  |                               |  |     |    |     |                       |
| F584  | No resident may be required to perform services for the facility.  |                               |  |     |    |     |                       |
| <b>9. Freedom of Association and Correspondence</b> |  |                               |  |     |    |     |                       |
| F585  | a. Each resident is allowed to communicate, associate and meet privately with individuals of his choice unless this infringes upon the rights of another resident. |                               |  |     |    |     |                       |
| F586  | b. Each resident is allowed to send and receive personal mail unopened.  |                               |  |     |    |     |                       |

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|------------------|--|-------------------------------|--|-----|----|-----|-----------------------|
| F587             | <b>10. Activities</b><br>Each resident is allowed to participate in social, religious, and community group activities.   |                               |  |     |    |     |                       |
| F588             | <b>11. Personal Possessions</b><br>Each resident is allowed to retain and use his personal possessions and clothing as space permits.  |                               |  |     |    |     |                       |
| F589             | <b>12. Written Policies and Procedures: Delegation of Rights and Responsibilities</b><br>ICF (442.312) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET  |                               |  |     |    |     |                       |
| F590             | a. The facility has written policies and procedures that provide that all the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his physician to be incapable of understanding his rights and responsibilities. |                               |  |     |    |     |                       |
| F591             | b. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.   |                               |  |     |    |     |                       |
| F592             | <b>K. Resident Care Policies</b><br>SNF (405.1121(f)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |                               |  |     |    |     |                       |
| F593             | 1. The facility has written policies to govern the continuing skilled nursing care and related medical or other services provided.   |                               |  |     |    |     |                       |
| F594             | 2. These policies reflect awareness of and provision for meeting the total medical and psychosocial needs of residents including admission, transfer, discharge planning, and the range of services available to residents, and  |                               |  |     |    |     |                       |

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| F595             | 3. The protection of residents' personal and property rights.  |                               |  |     |    |     |                       |
| F596             | 4. The policies are developed by a group of professional personnel, including the Medical Director or the organized medical staff, and are periodically reviewed and revised (if necessary). |                               |  |     |    |     |                       |
| F597             | 5. These policies are available to admitting physicians, sponsoring agencies, residents, and the public.   |                               |  |     |    |     |                       |
| F598             | 6. The Medical Director or a registered nurse is designated as responsible for the execution of the policies.  |                               |  |     |    |     |                       |
|                  | <b>L. Public Availability</b>  |                               |  |     |    |     |                       |
| F599             | ICF (442.305) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |                               |  |     |    |     |                       |
| F600             | 1. The facility has written policies and procedures governing all the services it provides.  |                               |  |     |    |     |                       |
| F601             | 2. The policies and procedures are available to the staff and residents, members of the family, the public, and legal representatives of residents.  |                               |  |     |    |     |                       |
|                  | <b>M. Admissions</b>   |                               |  |     |    |     |                       |
| F602             | ICF (442.306) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |                               |  |     |    |     |                       |
|                  | The facility has written policies and procedures that ensure that it admits as residents only those residents whose needs can be met by:   |                               |  |     |    |     |                       |
| F603             | 1. the facility itself.  |                               |  |     |    |     |                       |
| F604             | 2. the facility in cooperation with community resources.   |                               |  |     |    |     |                       |
| F605             | 3. the facility in cooperation with other providers of care affiliated with or under contract to the facility.   |                               |  |     |    |     |                       |

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| F606             | <b>N. Transfers</b><br>ICF (442.307) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET  |                               |  |     |    |     |                       |
| F607             | 1. The facility has written policies and procedures to ensure that residents are transferred promptly to a hospital, SNF or other appropriate facility when a change is necessary. |                               |  |     |    |     |                       |
| F608             | 2. Except in emergencies, the facility consults the resident, his next of kin, the attending physician, and the responsible agency, if any, at least five days before discharge.   |                               |  |     |    |     |                       |
| F609             | 3. The facility uses casework services and other means to ensure that adequate arrangements are made to meet resident's needs through other resources.                             |                               |  |     |    |     |                       |
| F610             | <b>O. Restraints</b><br>ICF (442.308) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |                               |  |     |    |     |                       |
| F611             | The facility has written policies and procedures that:<br>1. Define the uses of chemical and physical restraints.  |                               |  |     |    |     |                       |
| F612             | 2. Identify the professional personnel who may authorize the use of restraints in emergencies under 442.311(f).  |                               |  |     |    |     |                       |
| F613             | 3. Describe procedures for monitoring and controlling the use of these restraints.   |                               |  |     |    |     |                       |
| F614             | <b>P. Complaints</b><br>ICF (442.309) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |                               |  |     |    |     |                       |
| F615             | The facility has written policies and procedures that:<br>1. Describe the procedures the facility uses to receive complaints and recommendations from residents.                   |                               |  |     |    |     |                       |
| F616             | 2. Ensure that the facility responds to complaints and recommendations.  |                               |  |     |    |     |                       |

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|-----------------------------|--|-------------------------------|----------------------------------|-----|----|-----|-----------------------|
| <b>Q. Staff Development</b> |  |                               |                                  |     |    |     |                       |
| F617                        | SNF (405.1121(h)) (Standard)   | <input type="checkbox"/> MET  | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F618                        | ICF (442.314) (Standard)   | <input type="checkbox"/> MET  | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F619                        | 1. The facility conducts an orientation program for all new employees that includes a review of all its policies.  |                               |                                  |     |    |     |                       |
| F620                        | 2. The facility plans and conducts an inservice staff development program for all personnel to assist them in developing and improving their skills.   |                               |                                  |     |    |     |                       |
| F621                        | 3. The facility maintains a record of the orientation and staff development programs it conducts.  |                               |                                  |     |    |     |                       |
| F622                        | 4. The record includes the content of the program and the names of participants.   |                               |                                  |     |    |     |                       |
| F623                        | 5. Inservice training includes at least prevention and control of infections, fire prevention and safety, confidentiality of resident information, and preservation of resident dignity including protection of resident's privacy and personal and property rights. |                               |                                  |     |    |     |                       |

| NAME OF FACILITY                           |   | MEDICAL DIRECTION            |                                  | YES | NO | N/A | EXPLANATORY STATEMENT |
|--|---|------------------------------|----------------------------------|-----|----|-----|-----------------------|
| CODE                                       | Medical Direction (Condition of Participation)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F624                                       | SNF (405.1122)<br><br>The facility has a written agreement with a licensed physician to serve as Medical Director on a part-time or full-time basis as is appropriate to the needs of the residents and the facility. (See 405.1911(b) regarding waiver of this requirement.) | <input type="checkbox"/>     | <input type="checkbox"/>         |     |    |     |                       |
| <b>A. Coordination of Medical Care</b>     |   |                              |                                  |     |    |     |                       |
| F625                                       | SNF (405.1122(a)) (Standard)  | <input type="checkbox"/>     | <input type="checkbox"/>         |     |    |     |                       |
| F626                                       | 1. Medical direction and coordination of medical care in the facility are provided by a Medical Director.   |                              |                                  |     |    |     |                       |
| F627                                       | 2. The Medical Director is responsible for development of policies approved by the governing body.  |                              |                                  |     |    |     |                       |
| F628                                       | 3. Coordination of medical care includes liaison with attending physicians to ensure their writing orders promptly upon admission of a resident, and periodic evaluation of the adequacy and appropriateness of health professional and supportive staff and services.        |                              |                                  |     |    |     |                       |
| <b>B. Responsibilities to the Facility</b> |   |                              |                                  |     |    |     |                       |
| F629                                       | SNF (405.1122(b)) (Standard)  | <input type="checkbox"/>     | <input type="checkbox"/>         |     |    |     |                       |
| F630                                       | 1. The Medical Director is responsible for surveillance of the health status of the facility's employees.   |                              |                                  |     |    |     |                       |
| F631                                       | 2. Incidents and accidents that occur on the premises are reviewed by the Medical Director to identify hazards to health and safety.  |                              |                                  |     |    |     |                       |

| NAME OF FACILITY | CODE | PHYSICIAN SERVICES  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|------|---|-----|----|-----|-----------------------|
|                  | F632 | <b>Physician Services (Condition of Participation)</b><br>SNF (405.1123)<br>Residents in need of skilled or rehabilitative care are admitted to the facility only upon the recommendation of, and remain under the care of, a physician. To the extent feasible, each resident designates a personal physician. |     |    |     |                       |
|                  |      | <b>A. Physician Supervision</b>   |     |    |     |                       |
|                  | F633 | SNF (405.1123(b)) (Standard)  |     |    |     |                       |
|                  | F634 | ICF (442.346) (Standard)  |     |    |     |                       |
|                  | F635 | 1. The facility has a policy that the health care of every resident must be under the supervision of a physician.   |     |    |     |                       |
|                  | F636 | 2. All attending physicians must make arrangements for the medical care of their residents in their absence.  |     |    |     |                       |
|                  |      | <b>B. Emergency Services</b>  |     |    |     |                       |
|                  | F637 | SNF (405.1123(c)) (Standard)<br>The facility has written procedures available at each nurses' station, that provide for having a physician available to furnish necessary medical care in case of emergency.  |     |    |     |                       |

| NAME OF FACILITY                       |  | NURSING SERVICES             |                                  | YES | NO | N/A | EXPLANATORY STATEMENT |
|--|--|------------------------------|----------------------------------|-----|----|-----|-----------------------|
| CODE                                   | Nursing Services (Condition of Participation)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F638                                   | SNF (405.1124)<br><br>The facility provides 24-hour service by licensed nurses, including the services of a registered nurse at least during the day tour of duty, 7 days a week. There is an organized nursing service with a sufficient number of qualified nursing personnel to meet the total nursing needs of all residents (See 405.1911(a) regarding waiver of the 7-day registered nurse requirement). | <input type="checkbox"/>     | <input type="checkbox"/>         |     |    |     |                       |
| F639                                   | ICF (442.342) (Standard)<br><br>The facility provides nursing care as needed including restorative nursing care.   | <input type="checkbox"/>     | <input type="checkbox"/>         |     |    |     |                       |
| <b>A. Director of Nursing Services</b> |  |                              |                                  |     |    |     |                       |
| F640                                   | SNF (405.1124(a)) (Standard)   | <input type="checkbox"/>     | <input type="checkbox"/>         |     |    |     |                       |
| F641                                   | 1. The director of nursing services is a qualified registered nurse employed full-time.  |                              |                                  |     |    |     |                       |
| F642                                   | 2. The director of nursing services has, in writing, administrative authority, responsibility, and accountability for the functions, activities, and training of the nursing services staff, and serves only one facility in this capacity.  |                              |                                  |     |    |     |                       |
| F643                                   | 3. If the director of nursing services has other institutional responsibilities, a qualified registered nurse serves as assistant so that there is the equivalent of a full-time director of nursing services on duty.   |                              |                                  |     |    |     |                       |

| NAME OF FACILITY |   | NURSING SERVICES         |                              |                                  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|---|--------------------------|------------------------------|----------------------------------|-----|----|-----|-----------------------|
| CODE             | B. Health Services Supervision  | ICF (442.339) (Standard) | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F644             | 1. The facility has a full-time registered nurse, or a licensed practical or vocational nurse to supervise the health services 7 days a week on the day shift.  |                          |                              |                                  |     |    |     |                       |
| F645             | 2. The nurse has a current State license.   |                          |                              |                                  |     |    |     |                       |
| F646             | 3. If the supervisor of health services is a licensed practical or vocational nurse, the facility has a formal contract with a registered nurse to serve as a consultant no less than 4 hours a week.   |                          |                              |                                  |     |    |     |                       |
| F647             | 4. To qualify to serve as a health services supervisor, a licensed practical or vocational nurse must:  |                          |                              |                                  |     |    |     |                       |
| F648             | a. Have graduated from a State-approved school of practical nursing, or   |                          |                              |                                  |     |    |     |                       |
| F649             | b. Have education or other training that the State authority responsible for licensing practical nurses considered equal to graduation from a State-approved school of practical nursing, or  |                          |                              |                                  |     |    |     |                       |
| F650             | c. Have passed the Public Health Service examination for waived licensed practical or vocational nurses.  |                          |                              |                                  |     |    |     |                       |
| F651             | 5. If the nurse in charge is licensed by the State in a category other than registered nurse or licensed practical or vocational nurse:   |                          |                              |                                  |     |    |     |                       |
|                  | a. The individual has completed a training program to get the license that includes at least the same number of classroom and practice hours in all nursing subjects as in the program of a State-approved school of practical or vocational nursing, and |                          |                              |                                  |     |    |     |                       |

| NAME OF FACILITY                           |   | NURSING SERVICES         |                          | YES | NO | N/A | EXPLANATORY STATEMENT |
|--|---|--------------------------|--------------------------|-----|----|-----|-----------------------|
| CODE                                       |   |                          |                          |     |    |     |                       |
| F652                                       | b. The State agency responsible for licensing the individual submits a report to the Medicaid agency comparing State-licensed practical nurse or vocational nurse course requirements with those for the program completed by the individual. | <input type="checkbox"/> | <input type="checkbox"/> |     |    |     |                       |
| <b>C. Twenty-four Hour Nursing Service</b> |   |                          |                          |     |    |     |                       |
| F653                                       | SNF (405.1124(c)) (Standard)  | <input type="checkbox"/> | <input type="checkbox"/> |     |    |     |                       |
| F654                                       | ICF (442.338) (Standard)  | <input type="checkbox"/> | <input type="checkbox"/> |     |    |     |                       |
| F655                                       | 1. 24-Hour Nursing<br>Nursing policies and procedures address the total nursing needs of the residents.   |                          |                          |     |    |     |                       |
| F656                                       | The policies are designed to ensure that each resident receives:<br>Treatment.  |                          |                          |     |    |     |                       |
| F657                                       | Medications as prescribed.  |                          |                          |     |    |     |                       |
| F658                                       | Diet as prescribed.   |                          |                          |     |    |     |                       |
| F659                                       | Rehabilitative nursing care as needed.  |                          |                          |     |    |     |                       |
| F660                                       | Proper care to prevent decubitus ulcers and deformities.  |                          |                          |     |    |     |                       |
| F661                                       | Proper care to ensure that residents are clean, well-groomed and comfortable.   |                          |                          |     |    |     |                       |
| F662                                       | Protection from accident and injury.  |                          |                          |     |    |     |                       |
| F663                                       | Protection from infection.  |                          |                          |     |    |     |                       |
| F664                                       | Encouragement, assistance, and training in self-care and group activities.  |                          |                          |     |    |     |                       |

| NAME OF FACILITY                                   |   | NURSING SERVICES             |                                  | YES | NO | N/A | EXPLANATORY STATEMENT |
|--|---|------------------------------|----------------------------------|-----|----|-----|-----------------------|
| F665   | 2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty. |                              |                                  |     |    |     |                       |
| <b>D. Rehabilitative Nursing Care</b>              |   |                              |                                  |     |    |     |                       |
| F666   | SNF (405.1124(e)) (Standard)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F667   | Nursing personnel are trained in rehabilitative nursing.  |                              |                                  |     |    |     |                       |
| <b>E. Supervision of Resident Nutrition</b>        |   |                              |                                  |     |    |     |                       |
| F668   | SNF (405.1124(f)) (Standard)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F669   | A procedure is established to inform dietic service of physicians' diet orders and of residents' dietetic problems.   |                              |                                  |     |    |     |                       |
| <b>F. Administration of Drugs</b>                  |   |                              |                                  |     |    |     |                       |
| F670   | SNF (405.1124(g)) (Standard)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F671   | Procedures are established by the Pharmaceutical Services Committee (see 405.1127(d)) to ensure that drugs are checked against physicians' orders.                                  |                              |                                  |     |    |     |                       |
| <b>G. Conformance with Physicians' Drug Orders</b> |   |                              |                                  |     |    |     |                       |
| F672   | SNF (405.1124(h)) (Standard)<br>Indicators 1 thru 4 apply to SNFs.  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F673   | ICF (442.335) (Standard)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F674   | 1. Drugs not specifically limited as to time or number of doses when ordered are controlled by automatic stop orders or other methods in accordance with written policies.          |                              |                                  |     |    |     |                       |

| NAME OF FACILITY                           |   | NURSING SERVICES |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|--|---|------------------|--|-----|----|-----|-----------------------|
| F675                                       | 2. The attending physician is notified of an automatic stop order prior to the last dose so that the physician may decide if the administration of the drug or biological is to be continued or altered.  |                  |  |     |    |     |                       |
| F676                                       | ICF (442.334) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET  |                  |  |     |    |     |                       |
| F677                                       | 3. Physicians' verbal orders for drugs are given only to a licensed nurse, pharmacist, or physician and are immediately recorded and signed by the person receiving the order. (Verbal orders for Schedule II drugs are permitted only in the case of a bona fide emergency situation.)   |                  |  |     |    |     |                       |
| F678                                       | 4. Such orders are countersigned by the attending physician within a reasonable time.   |                  |  |     |    |     |                       |
| <b>H. Storage of Drugs and Biologicals</b> |   |                  |  |     |    |     |                       |
| F679                                       | SNF (405.1124(i)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET  |                  |  |     |    |     |                       |
| F680                                       | 1. Procedures for storing and disposing of drugs and biologicals are established by the pharmaceutical services committee.  |                  |  |     |    |     |                       |
| F681                                       | 2. In accordance with State and Federal laws, all drugs and biologicals are stored in locked compartments under proper temperature controls.  |                  |  |     |    |     |                       |
| F682                                       | 3. Only authorized personnel have access to the keys.   |                  |  |     |    |     |                       |
| F683                                       | 4. Separately locked, permanently affixed compartments are provided for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention & Control Act of 1970 and other drugs subject to abuse, except under single unit dosage distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. |                  |  |     |    |     |                       |
| F684                                       | 5. An emergency medication kit approved by the pharmaceutical services committee is kept readily available.   |                  |  |     |    |     |                       |

| NAME OF FACILITY |  | DIETETIC SERVICES |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|--|-------------------|--|-----|----|-----|-----------------------|
| CODE             | Dietetic Services (Condition of Participation)   |                   |  |     |    |     |                       |
| F685             | <p><b>SNF (405.1125)</b><br/> <input type="checkbox"/> MET    <input type="checkbox"/> NOT MET</p> <p>The facility provides a hygienic dietetic service that meets the daily nutritional needs of patients, ensures that special dietary needs are met, and provides palatable and attractive meals. A facility that has a contract with an outside food management company may be found to be in compliance with this condition provided the facility and/or company meets the standards listed herein.</p> |                   |  |     |    |     |                       |
|                  | <b>A. Staffing</b>   |                   |  |     |    |     |                       |
| F686             | SNF (405.1125(a)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |                   |  |     |    |     |                       |
| F687             | 1. Overall supervisory responsibility for the dietetic service is assigned to a full-time qualified dietetic service supervisor.   |                   |  |     |    |     |                       |
| F688             | 2. If the dietetic service supervisor is not a qualified dietitian, the dietetic service supervisor functions with frequent, regularly scheduled consultation from a person so qualified. (§405.1101(e).)  |                   |  |     |    |     |                       |
| F689             | 3. In addition, the facility employs sufficient supportive personnel competent to carry out the functions of the dietetic service.   |                   |  |     |    |     |                       |
| F690             | 4. If consultant dietetic services are used, the consultant's visits are at appropriate times, and of sufficient duration and frequency to provide continuing liaison with medical and nursing staffs, advice to the administrator, resident counseling, guidance to the supervisor and staff of the dietetic service, approval of all menus, and participation in the development or revisions of dietetic policies and procedures. (See §405.1121(f).)   |                   |  |     |    |     |                       |

| NAME OF FACILITY   |  | DIETETIC SERVICES            |                                  | YES | NO | N/A | EXPLANATORY STATEMENT |
|--------------------|--|------------------------------|----------------------------------|-----|----|-----|-----------------------|
| <b>B. Staffing</b> |  |                              |                                  |     |    |     |                       |
| F691               | ICF (442.332) (Standard)   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F692               | 1. The facility has a staff member trained or experienced in food management or nutrition who is responsible for:<br>a. Planning meals that meet the nutritional needs of each resident.<br>b. Following the orders of the resident's physician.<br>c. To the extent medically possible, following the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences (Recommended Dietary Allowances, 8th Ed., 1974).<br>d. Supervising the meal preparation and service to ensure that the menu plan is followed. |                              |                                  |     |    |     |                       |
| F693               |  |                              |                                  |     |    |     |                       |
| F694               |  |                              |                                  |     |    |     |                       |
| F695               |  |                              |                                  |     |    |     |                       |
| F696               | 2. For residents who required medically prescribed special diets, the facility:<br>a. Has menus for those residents planned by a professionally qualified dietician or reviewed and approved by the attending physician; and<br>b. Supervises the preparation and serving of meals to ensure that the resident accepts the special diet.   |                              |                                  |     |    |     |                       |
| F697               |  |                              |                                  |     |    |     |                       |
| F698               | 3. The facility keeps for 30 days a record of each menu as served.   |                              |                                  |     |    |     |                       |

| NAME OF FACILITY |   | DIETETIC SERVICES/<br>SPECIALIZED REHABILITATION SERVICES |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|---|---|--|-----|----|-----|-----------------------|
| F699             | <b>C. Hygiene of Staff</b><br>SNF (405.1125(f)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET  |   |  |     |    |     |                       |
| F700             | In the event food service employees are assigned duties outside the dietetic service, these duties do not interfere with the sanitation, safety, or the time required for dietetic work assignments. (See §405.1121(g).)  |   |  |     |    |     |                       |
| F701             | <b>D. Sanitary Conditions</b><br>SNF (405.1125(g)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |   |  |     |    |     |                       |
| F702             | Written reports of inspections by State and local health authorities are on file at the facility, with notation made of action taken by the facility to comply with any recommendations.  |   |  |     |    |     |                       |
| F703             | <b>Specialized Rehabilitation Services (Condition of Participation)</b><br>SNF (405.1126) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET<br><br>The facility provides, or arranges for, under written agreement, specialized rehabilitative services by qualified personnel (i.e., physical therapy, speech pathology and audiology, and occupational therapy) as needed by residents to improve and maintain functioning. Safe and adequate space and equipment are available, commensurate with the services offered. If the facility does not offer such services directly, it does not admit nor retain residents in need of this care unless provision is made for such services under arrangement with qualified outside resources under which the facility assumes professional responsibility for the services rendered. (See §405.1121(i).) |   |  |     |    |     |                       |

| NAME OF FACILITY |   | SPECIALIZED REHABILITATION SERVICES |                                  |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|---|-------------------------------------|----------------------------------|--|-----|----|-----|-----------------------|
|                  | <b>A. Staffing and Organization</b>   |                                     |                                  |  |     |    |     |                       |
| F704             | SNF (405.1126(a) (Standard))<br>Indicators 1 thru 3 apply to SNFs   | <input type="checkbox"/> MET        | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
| F705             | ICF (442.343) (Standard)  | <input type="checkbox"/> MET        | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
| F706             | 1. Specialized rehabilitative services are provided, in accordance with accepted professional practices, by qualified therapists or by qualified assistants or other supportive personnel under the supervision of qualified therapists.  |                                     |                                  |  |     |    |     |                       |
| F707             | 2. Other rehabilitative services also may be provided, but must be in a facility where all rehabilitative services are provided through an organized rehabilitative service under the supervision of a physician qualified in physical medicine who determines the goals and limitations of these services and assigns duties appropriate to the training and experience of those providing such services.<br><br><b>Exception: Does not apply to ICFs.</b> |                                     |                                  |  |     |    |     |                       |
| F708             | 3. Written administrative and resident care policies and procedures are developed for rehabilitative services by appropriate therapists and representatives of the medical, administrative, and nursing staffs.<br><br><b>Exception: Does not apply to ICF's<br/>See General Requirements 442.305</b>   |                                     |                                  |  |     |    |     |                       |

| NAME OF FACILITY |  | SPECIALIZED REHABILITATION SERVICES/<br>PHARMACEUTICAL SERVICES |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|--|---|--|-----|----|-----|-----------------------|
| F709             | <p><b>B. Documentation of Services</b></p> <p>SNF (405.1126(c)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>The physician's order, the plan of rehabilitative care, services rendered, evaluations of progress, and other pertinent information are recorded in the patient's medical record, and are dated and signed by the physician ordering the service and the person who provided the service.</p>  |   |  |     |    |     |                       |
| F710             | <p><b>C. Qualifying to Provide Outpatient Physical Therapy Services</b></p> <p>SNF (405.1126(d)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>If the facility provides outpatient physical therapy services, it meets the applicable health and safety regulations pertaining to such services as are included in Subpart Q of this part. (See §405.1719, 405.1720, 405.1722(a) and (b)(1)(2)(3)(4), (5), (6), (7), and (8); and 405.1725.)</p>   |   |  |     |    |     |                       |
| F711             | <p><b>Pharmaceutical Services (Condition of Participation)</b></p> <p>SNF (405.1127) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>The facility has appropriate methods and procedures for the dispensing and administering of drugs and biologicals. The facility is responsible for providing such drugs and biologicals for its residents, insofar as they are covered under the programs, and for ensuring that pharmaceutical services are provided in accordance with accepted professional principles.</p> |   |  |     |    |     |                       |

| NAME OF FACILITY                     |  | PHARMACEUTICAL SERVICES      |                                  |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|--------------------------------------|--|------------------------------|----------------------------------|--|-----|----|-----|-----------------------|
| <b>A. Supervision of Services</b>    |  |                              |                                  |  |     |    |     |                       |
| F712                                 | SNF (405.1127(a)) (Standard)   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
| F713                                 | 1. The pharmaceutical services are under the general supervision of a qualified pharmacist.  |                              |                                  |  |     |    |     |                       |
| F714                                 | 2. The pharmacist is responsible to the administrative staff for developing coordinating, and supervising all pharmaceutical services.   |                              |                                  |  |     |    |     |                       |
| F715                                 | 3. The pharmacist (if not a full-time employee) devotes a sufficient number of hours, based upon the needs of the facility, during regularly scheduled visits to carry out these responsibilities. |                              |                                  |  |     |    |     |                       |
| F716                                 | ICF (442.333) (Standard)   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
| F717                                 | 1. The facility employs a licensed pharmacist, or  |                              |                                  |  |     |    |     |                       |
| F718                                 | 2. The facility has formal arrangements with a licensed pharmacist to advise the facility on ordering, storage, administration, disposal and recordkeeping of drugs and biologicals.               |                              |                                  |  |     |    |     |                       |
| <b>B. Control and Accountability</b> |  |                              |                                  |  |     |    |     |                       |
| F719                                 | SNF (405.1127(b)) (Standard)   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
| F720                                 | 1. The pharmaceutical service has procedures for control and accountability of all drugs and biologicals throughout the facility.  |                              |                                  |  |     |    |     |                       |
| F721                                 | 2. Only approved drugs and biologicals are used in the facility.   |                              |                                  |  |     |    |     |                       |
| F722                                 | 3. Records of receipt and disposition of all controlled drugs are maintained in sufficient detail to enable an accurate reconciliation.  |                              |                                  |  |     |    |     |                       |

| NAME OF FACILITY |  | PHARMACEUTICAL SERVICES/<br>LABORATORY AND RADIOLOGIC SERVICES  |   | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|--|---|---|-----|----|-----|-----------------------|
|                  |  | <b>C. Pharmaceutical Services Committee</b>   |   |     |    |     |                       |
| F723             |  | SNF (405.1127(d)) (Standard)  | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |     |    |     |                       |
| F724             |  | 1. A pharmaceutical services committee or its equivalent develops written policies and procedures for safe and effective drug therapy, distribution, control and use.   |   |     |    |     |                       |
| F725             |  | 2. The committee is comprised of at least the pharmacist, the director of nursing services, the administrator, and one physician.   |   |     |    |     |                       |
| F726             |  | 3. The committee oversees pharmaceutical services in the facility, makes recommendations for improvement, and monitors the service to ensure its accuracy and adequacy.                                       |   |     |    |     |                       |
|                  |  | <b>Laboratory and Radiologic Services (Condition of Participation)</b>  |   |     |    |     |                       |
| F727             |  | SNF (405.1128)  | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |     |    |     |                       |
|                  |  | The facility has provision for promptly obtaining required laboratory, X-ray, and other diagnostic services.  |   |     |    |     |                       |
|                  |  | <b>A. Provision for Services</b>  |   |     |    |     |                       |
| F728             |  | SNF (405.1128(a)) (Standard)  | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |     |    |     |                       |
| F729             |  | 1. If the facility provides its own laboratory and X-ray services, these meet the applicable conditions established for certification of hospitals that are contained in 405.1028 and 405.1029, respectively. |   |     |    |     |                       |

| NAME OF FACILITY                                    |   | EXPLANATORY STATEMENT |    |
|---|---|-----------------------|----|
| CODE  | LABORATORY AND RADIOLOGIC SERVICES/<br>DENTAL SERVICES  | YES                   | NO |
| F730  | 2. If the facility itself does not provide such services, arrangements are made for obtaining these services from a physician's office, a participating hospital or skilled nursing facility, or a portable X-ray supplier or independent laboratory, which is approved to provide these services under the program.  |                       |    |
| F731  | 3. The facility assists the resident, if necessary, in arranging for transportation to and from the source of service.  |                       |    |
| <b>B. Blood and Blood Products</b>                  |   |                       |    |
| F732  | SNF (405.1128(b)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET  |                       |    |
| F733  | 1. Blood handling and storage facilities are safe, adequate, and properly supervised.   |                       |    |
| F734  | 2. If the facility provides for maintaining and transfusing blood and blood products, it meets the conditions established for certification of hospitals that are contained in §405.1028(j).  |                       |    |
| F735  | 3. If the facility does not provide its own facility but does provide transfusion services alone, it meets at least the requirements of §405.1028(j)(1), (3), (4), (6), and (9).  |                       |    |
| <b>Dental Services (Condition of Participation)</b> |   |                       |    |
| F736  | SNF (405.1129) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET<br>The facility has satisfactory arrangements to assist residents to obtain routine and emergency dental care (See §405.1121(i)). (The basic Hospital Insurance Program does not cover the services of a dentist in a skilled nursing facility in connection with the care, treatment, filling, removal, or replacement of teeth or structures supporting the teeth, and only certain oral surgery is included in the Supplemental Medical Insurance Program.) |                       |    |

| NAME OF FACILITY  |   | DENTAL SERVICES/SOCIAL SERVICES |                                  | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|---------------------------------|----------------------------------|-----|----|-----|-----------------------|
| <b>A. Advisory Dentist</b>  |   |                                 |                                  |     |    |     |                       |
| F737  | SNF (405.1129(a)) (Standard)  | <input type="checkbox"/> MET    | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F738  | A dentist recommends oral hygiene policies and practices for the care of residents. (§405.1121(h).                    |                                 |                                  |     |    |     |                       |
| <b>B. Arrangements of Outside Services</b>  |   |                                 |                                  |     |    |     |                       |
| F739  | SNF (405.1129(b)) (Standard)  | <input type="checkbox"/> MET    | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F740  | 1. The facility has a cooperative agreement with a dentist, and   |                                 |                                  |     |    |     |                       |
| F741  | 2. Maintains a list of dentists in the community for residents who do not have a private dentist.                     |                                 |                                  |     |    |     |                       |
| F742  | 3. The facility assists the resident, if necessary, in arranging for transportation to and from the dentist's office. |                                 |                                  |     |    |     |                       |
| <b>Social Services (Condition of Participation)</b>   |   |                                 |                                  |     |    |     |                       |
| F743  | SNF (405.1130)  | <input type="checkbox"/> MET    | <input type="checkbox"/> NOT MET |     |    |     |                       |
| <p>The facility has satisfactory arrangements for identifying the medically related social and emotional needs of the resident. It is not mandatory that the skilled nursing facility itself provide social services in order to participate in the program. If the facility does not provide social services, it has written procedures for referring residents in need of social services to appropriate social agencies. If social services are offered by the facility, they are provided under a clearly defined plan, by qualified persons, to assist each resident to adjust to the social and emotional aspects of the resident's illness, treatment, and stay in the facility.</p> |   |                                 |                                  |     |    |     |                       |

| NAME OF FACILITY                   |   | SOCIAL SERVICES              |                                  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------------------------|---|------------------------------|----------------------------------|-----|----|-----|-----------------------|
| <b>A. Social Service Functions</b> |   |                              |                                  |     |    |     |                       |
| F744                               | SNF (405.1130(a)) (Standard)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F745                               | Services are provided to meet the social and emotional needs of residents by qualified staff of the facility, or by referral, based on established procedures, to appropriate social agencies.  |                              |                                  |     |    |     |                       |
| F746                               | ICF (442.344(b))  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
|                                    | The facility either provides these services itself or arranges for them with qualified outside resources.   |                              |                                  |     |    |     |                       |
| <b>B. Staffing</b>                 |   |                              |                                  |     |    |     |                       |
| F747                               | SNF (405.1130(b)) (Standard)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F748                               | 1. If the facility offers social services, a member of the staff of the facility is designated as responsible for social services.  |                              |                                  |     |    |     |                       |
| F749                               | 2. If the designated person is not a qualified social worker, the facility has a written agreement with a qualified social worker or recognized social agency for consultation and assistance on a regularly scheduled basis. (See §405.1101(s).) |                              |                                  |     |    |     |                       |
| F750                               | 3. The social service also has sufficient supportive personnel to meet resident needs.  |                              |                                  |     |    |     |                       |
| F751                               | 4. Facilities are adequate for social service personnel, easily accessible to residents and medical and other staff, and ensure privacy for interviews.   |                              |                                  |     |    |     |                       |

| NAME OF FACILITY |   | SOCIAL SERVICES/ACTIVITIES   |                                  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|---|------------------------------|----------------------------------|-----|----|-----|-----------------------|
| F752             | ICF (442.344(c))  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F753             | The facility designates one staff member, qualified by training or experience, to be responsible for:   |                              |                                  |     |    |     |                       |
|                  | a. Arranging for social services; and   |                              |                                  |     |    |     |                       |
|                  | b. Integrating social services with other elements of the plan of care.   |                              |                                  |     |    |     |                       |
|                  | <b>C. Records and Confidentiality</b>   |                              |                                  |     |    |     |                       |
| F755             | SNF (405.1130(c)) (Standard)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F756             | Records of pertinent social data about personal and family problems medically related to the resident's illness and care, and of action taken to meet the resident's needs, are maintained in the resident's medical records.       |                              |                                  |     |    |     |                       |
| F757             | If social services are provided by an outside resource, a record is maintained of each referral to such resource.   |                              |                                  |     |    |     |                       |
|                  | <b>Activities (Condition of Participation)</b>  |                              |                                  |     |    |     |                       |
| F758             | SNF (405.1131)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
|                  | The facility provides for an activities program, appropriate to the needs and interests of each resident, to encourage self care, resumption of normal activities, and maintenance of an optimal level of psychosocial functioning. |                              |                                  |     |    |     |                       |

| NAME OF FACILITY                                    |  | ACTIVITIES/MEDICAL RECORDS   |                                  |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|--|------------------------------|----------------------------------|--|-----|----|-----|-----------------------|
| <b>A. Staffing</b>                                  |  |                              |                                  |  |     |    |     |                       |
| F759  | SNF (405.1131(a)) (Standard)   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
| F760  | A member of the facility's staff is designated as responsible for the activities program.  |                              |                                  |  |     |    |     |                       |
| F761  | If not a qualified activities coordinator, this staff member functions with frequent, regularly scheduled consultation from a person so qualified. (See §405.1101(o))  |                              |                                  |  |     |    |     |                       |
| F762  | ICF (442.345(b))   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
|   | The facility designates one staff member, qualified by training or experience in directing group activity, to be responsible for activity service.   |                              |                                  |  |     |    |     |                       |
| <b>Medical Records (Condition of Participation)</b> |  |                              |                                  |  |     |    |     |                       |
| F763  | SNF (405.1132)   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
|   | The facility maintains clinical (medical) records on all residents in accordance with accepted professional standards and practices. The medical record service has sufficient staff, facilities, and equipment to provide medical records that are completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information. |                              |                                  |  |     |    |     |                       |
| F764  | ICF (442.318(a))   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
|   | The facility maintains an organized resident record system that contains a record for each resident.   |                              |                                  |  |     |    |     |                       |

| NAME OF FACILITY                                   |  | MEDICAL RECORDS              |                                  |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|--|--|------------------------------|----------------------------------|--|-----|----|-----|-----------------------|
| CODE   |  |                              |                                  |  |     |    |     |                       |
| <b>A. Staffing</b>                                 |  |                              |                                  |  |     |    |     |                       |
| F765   | SNF (405.1132(a)) (Standard)   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
| F766   | 1. Overall supervisory responsibility for the medical record service is assigned to a full-time employee of the facility.  |                              |                                  |  |     |    |     |                       |
| F767   | 2. The facility also employs sufficient supportive personnel competent to carry out the functions of the medical record service.   |                              |                                  |  |     |    |     |                       |
| F768   | 3. If the medical record supervisor is not a qualified medical record practitioner, this person functions with consultation from a person qualified. (See §405.1101(f).)             |                              |                                  |  |     |    |     |                       |
| <b>B. Protection of Medical Record Information</b> |  |                              |                                  |  |     |    |     |                       |
| F769   | SNF (405.1132(b)) (Standard)   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
| F770   | ICF (442.318(d))   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
| F771   | The facility safeguards medical record information against loss, destruction, or unauthorized use.   |                              |                                  |  |     |    |     |                       |
| <b>C. Physician Documentation</b>                  |  |                              |                                  |  |     |    |     |                       |
| F772   | SNF (405.1132(d)) (Standard)   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
| F773   | 1. Only physicians enter or authenticate in medical records opinions that require medical judgment (in accordance with medical staff bylaws, rules, and regulations, if applicable). |                              |                                  |  |     |    |     |                       |
| F774   | 2. All physicians sign their entries into the medical record.  |                              |                                  |  |     |    |     |                       |

| NAME OF FACILITY  |   | MEDICAL RECORDS |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|-----------------|--|-----|----|-----|-----------------------|
| <b>D. Completion of Records and Centralization of Reports</b> |   |                 |  |     |    |     |                       |
| F775  | SNF (405.1132(e)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET  |                 |  |     |    |     |                       |
| F776  | 1. Current medical records and those of discharged residents are completed promptly.  |                 |  |     |    |     |                       |
| F777  | 2. All clinical information pertaining to a resident's stay is centralized in the resident's medical record.  |                 |  |     |    |     |                       |
| <b>E. Retention and Preservation</b>                          |   |                 |  |     |    |     |                       |
| F778  | SNF (405.1132(f)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET<br>Medical records are retained for a period of time not less than that determined by the respective State statute, the statute of limitations in the State, or 5 years from the date of discharge in the absence of a State statute, or, in the case of a minor, 3 years after the resident becomes of age under State law. |                 |  |     |    |     |                       |
| F779  | ICF (442.318(e)) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET<br>The facility must keep a resident's record for at least 3 years after the resident is discharged.   |                 |  |     |    |     |                       |
| <b>F. Location and Facilities</b>                             |   |                 |  |     |    |     |                       |
| F780  | SNF (405.1132(h)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET<br>The facility maintains adequate facilities and equipment, conveniently located to provide efficient processing of medical records (reviewing, indexing, filing, and prompt retrieval).  |                 |  |     |    |     |                       |

| NAME OF FACILITY |  | TRANSFER AGREEMENT           |                                  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|--|------------------------------|----------------------------------|-----|----|-----|-----------------------|
| CODE             | Transfer Agreement (Condition of Participation)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F781             | SNF (405.1133)   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F782             | ICF (442.316) (Standard)   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F783             | The facility has in effect a transfer agreement with one or more hospitals, approved for participation under the programs, which provides the basis for effective working arrangements under which inpatient hospital care or other hospital services are available promptly to the facility's residents when needed. (A facility that has been unable to establish a transfer agreement with the hospital(s) in the community or service area after documented attempts to do so is considered to have such an agreement in effect.) Exception: A facility that has been unable to establish a written agreement after documented attempts to do so, is considered to have such an agreement. |                              |                                  |     |    |     |                       |
|                  | <b>Resident Transfer</b>   |                              |                                  |     |    |     |                       |
| F784             | SNF (405.1133(a)) (Standard)   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F785             | A hospital and a skilled nursing facility shall be considered to have a transfer agreement in effect if, by reason of a written agreement between them or (in case of two institutions are under common control) by reason of a written undertaking by the person or body which controls them, there is reasonable assurance that:<br><br>1. Transfer of patients will be effected between the hospital and the skilled nursing facility, ensuring timely admission, whenever such transfer is medically appropriate as determined by the attending physician.   |                              |                                  |     |    |     |                       |

| NAME OF FACILITY | TRANSFER AGREEMENT/PHYSICAL ENVIRONMENT   | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|---|-----|----|-----|-----------------------|
| F786             | 2. There will be interchange of medical and other information necessary or useful in the care and treatment of individuals transferred between institutions, or in determining whether such individuals can be adequately cared for otherwise than in either of such institutions.  |     |    |     |                       |
| F787             | 3. Security and accountability for residents' personal effects are provided on transfer.  |     |    |     |                       |
| F788             | <p><b>Physical Environment (Condition of Participation)</b></p> <p>SNF (405.1134) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>The facility is constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.</p> <p><b>A. Life Safety from Fire</b></p> <p>SNF (405.1134(a)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>ICF (442.321) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>(See appropriate HCFA Fire Safety survey form.)</p> <p><b>B. Maintenance of Equipment, Building, and Grounds</b></p> <p>SNF (405.1134(i)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> |     |    |     |                       |
| F789             | The facility establishes a written preventative maintenance program to ensure that all equipment is operative.  |     |    |     |                       |

| NAME OF FACILITY |   | INFECTION CONTROL            |                                  |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|---|------------------------------|----------------------------------|--|-----|----|-----|-----------------------|
| CODE             | INFECTION CONTROL<br><i>(Condition of Participation)</i>  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
| F791             | <b>Infection Control (405.1135)</b><br>The facility establishes an infection control committee of representative professional staff with responsibility for overall infection control in the facility. All necessary housekeeping and maintenance services are provided to maintain a sanitary and comfortable environment and to help prevent the development and transmission of infection. | <input type="checkbox"/>     | <input type="checkbox"/>         |  |     |    |     |                       |
|                  | <b>A. Infection Control Committee</b>   |                              |                                  |  |     |    |     |                       |
| F792             | SNF (405.1135(a)) (Standard)  | <input type="checkbox"/>     | <input type="checkbox"/>         |  |     |    |     |                       |
| F793             | 1. The infection control committee is composed of members of the medical and nursing staffs, administration, and the dietetic, pharmacy, housekeeping, maintenance, and other services.   |                              |                                  |  |     |    |     |                       |
| F794             | 2. The committee establishes policies and procedures for investigating, controlling, and preventing infection in the facility.  |                              |                                  |  |     |    |     |                       |
| F795             | 3. The committee monitors staff performance to ensure that the policies and procedures are executed.  |                              |                                  |  |     |    |     |                       |
|                  | <b>B. Aseptic and Isolation Techniques</b>  |                              |                                  |  |     |    |     |                       |
| F796             | SNF (405.1135(b)) (Standard)  | <input type="checkbox"/>     | <input type="checkbox"/>         |  |     |    |     |                       |
| F797             | 1. The facility has written procedures for aseptic and isolation techniques.  |                              |                                  |  |     |    |     |                       |
| F798             | 2. These procedures are reviewed and revised for effectiveness and improvement as necessary.  |                              |                                  |  |     |    |     |                       |

| NAME OF FACILITY       |   | INFECTION CONTROL            |                                  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------------|---|------------------------------|----------------------------------|-----|----|-----|-----------------------|
| <b>C. Housekeeping</b> |   |                              |                                  |     |    |     |                       |
| F799                   | SNF (405.1135(c)) (Standard)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F800                   | 1. The facility employs sufficient housekeeping personnel.  |                              |                                  |     |    |     |                       |
| F801                   | 2. Provides all necessary equipment to maintain a safe, clean and orderly interior.   |                              |                                  |     |    |     |                       |
| F802                   | 3. A full-time employee is designated responsible for the services and for supervision and training of personnel.   |                              |                                  |     |    |     |                       |
| F803                   | 4. If a facility has a contract with an outside resource for housekeeping services, the facility and/or outside resource meets the requirements of the standards. |                              |                                  |     |    |     |                       |
| <b>D. Pest Control</b> |   |                              |                                  |     |    |     |                       |
| F804                   | SNF (405.1135(e)) (Standard)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
|                        | The facility has an ongoing pest control program.   |                              |                                  |     |    |     |                       |

| NAME OF FACILITY |  | DISASTER PREPAREDNESS        |                                  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|--|------------------------------|----------------------------------|-----|----|-----|-----------------------|
| CODE             | Disaster Preparedness (Condition of Participation)   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F805             | SNF (405.1136)<br>The facility has a written plan, periodically rehearsed, with procedures to be followed in the event of an internal or external disaster and for the care of casualties (residents and personnel) arising from such disasters. | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
|                  | <b>A. Plan</b>   |                              |                                  |     |    |     |                       |
| F806             | ICF (442.313 ) (Standard)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F807             | 1. The facility has a written plan for staff and residents to follow in case of emergencies such as fire or explosion.   |                              |                                  |     |    |     |                       |
| F808             | 2. The facility rehearses the plan regularly.  |                              |                                  |     |    |     |                       |
| F809             | 3. The facility has written procedures for the staff to follow in case of an emergency involving an individual resident.   |                              |                                  |     |    |     |                       |
| F810             | 4. These procedures include:<br>a. Caring for the resident.<br>b. Notifying the attending physician and other individuals responsible for the resident.<br>c. Arranging for transportation, hospitalization, and other appropriate services.     |                              |                                  |     |    |     |                       |
| F811             |  |                              |                                  |     |    |     |                       |
| F812             |  |                              |                                  |     |    |     |                       |
| F813             | SNF (405.1136(a)) (Standard)   | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |     |    |     |                       |
| F814             | 1. The facility has an acceptable written plan in operation, with procedures to be followed in the event of fire, explosion, or other disaster.  |                              |                                  |     |    |     |                       |
| F815             | 2. The plan is developed and maintained with the assistance of qualified fire, safety, and other appropriate experts.  |                              |                                  |     |    |     |                       |

| NAME OF FACILITY                                       |   | YES | NO | N/A | EXPLANATORY STATEMENT |
|--|---|-----|----|-----|-----------------------|
| F816   | DISASTER PREPAREDNESS/UTILIZATION REVIEW<br>3. Includes procedures for prompt transfer of casualties and records.   |     |    |     |                       |
| F817   | 4. Instructions regarding the location and use of alarm systems and signals and of fire-fighting equipment.   |     |    |     |                       |
| F818   | 5. Information regarding methods of containing fire.  |     |    |     |                       |
| F819   | 6. Procedures for notification of appropriate persons.  |     |    |     |                       |
| F820   | 7. Specifications of evacuation routes and procedures. (See §405.1134(a).)  |     |    |     |                       |
| <b>B. Orientation and training</b>                     |   |     |    |     |                       |
| F821   | SNF (405.1136(b)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET  |     |    |     |                       |
| F822   | The disaster program includes orientation and ongoing training and drills for all personnel in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster (See §405.1121(h).)  |     |    |     |                       |
| <b>Utilization Review (Condition of Participation)</b> |   |     |    |     |                       |
| F823   | SNF (405.1137) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET<br><br>The facility carries out utilization review of the services provided in the facility to residents who are entitled to benefits under the program(s). Utilization review assures the maintenance of high quality care and appropriate and efficient utilization of facility services. There are two elements to utilization review: medical care evaluation studies and review of extended duration cases. |     |    |     |                       |

| NAME OF FACILITY  |   | UTILIZATION REVIEW           |                                  |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|---|------------------------------|----------------------------------|--|-----|----|-----|-----------------------|
| <b>A. Plan</b>  |   |                              |                                  |  |     |    |     |                       |
| F824  | SNF (405.1137(a)) (Standard)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
| F825  | 1. The facility has a currently applicable written description of its utilization review plan.  |                              |                                  |  |     |    |     |                       |
| F826  | 2. Such description includes:   |                              |                                  |  |     |    |     |                       |
|   | a. The organization and composition of the committee or group which will be responsible for the utilization review function.  |                              |                                  |  |     |    |     |                       |
| F827  | b. Methods of criteria (including norms where available) to be used to define periods of continuous extended duration and to assign or select subsequent dates for continued stay review. |                              |                                  |  |     |    |     |                       |
| F828  | c. Methods for selection and conduct of medical care evaluation studies.  |                              |                                  |  |     |    |     |                       |
| <b>B. Organization and Composition of Utilization Review Committees</b> |   |                              |                                  |  |     |    |     |                       |
| F829  | SNF (405.1137(b)) (Standard)  | <input type="checkbox"/> MET | <input type="checkbox"/> NOT MET |  |     |    |     |                       |
| F830  | 1. The utilization review (UR) function is conducted by:  |                              |                                  |  |     |    |     |                       |
|   | a. A staff committee of the skilled nursing facility which is composed of two or more physicians, with participation of other professional personnel, or,                                 |                              |                                  |  |     |    |     |                       |

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| NAME OF FACILITY |  | UTILIZATION REVIEW |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|--|--------------------|--|-----|----|-----|-----------------------|
| F831             | b. A group outside the facility which is similarly composed and which is established by the local medical or osteopathic society and some or all of the hospitals and skilled nursing facilities in the locality; or (indicate name of the outside group and briefly describe the organization.) |                    |  |     |    |     |                       |
| F832             | c. A group established and organized in a manner approved by the Secretary that is capable of performing such function.  |                    |  |     |    |     |                       |
| F833             | 2. The medical care evaluation studies, educational duties of the review program, and the review of admissions and long-stay cases are performed by:<br>a. the same committee or group;<br>b. or more committees or groups.<br>Briefly explain who performs these functions.                     |                    |  |     |    |     |                       |
| F834             |  |                    |  |     |    |     |                       |
| F835             | <b>C. Medical Care Evaluation Studies</b><br>SNF (405.1137(c)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET  |                    |  |     |    |     |                       |
| F836             | 1. Medical care evaluation studies are performed to promote the most effective and efficient use of available health facilities and services consistent with resident needs and professionally recognized standards of health care.  |                    |  |     |    |     |                       |
| F837             | 2. Studies emphasize identification and analysis of patterns of resident care and suggest, where appropriate, possible changes for maintaining consistently high quality care and effective and efficient use of services.   |                    |  |     |    |     |                       |

| NAME OF FACILITY               |   | UTILIZATION REVIEW |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|--------------------------------|---|--------------------|--|-----|----|-----|-----------------------|
| F838                           | 3. Each medical care evaluation study identifies and analyzes factors related to the care rendered in the facility and where indicated, results in recommendations for change beneficial to residents, staff, the facility, and the community.              |                    |  |     |    |     |                       |
| F839                           | 4. Studies, on a sample or other basis, include, but need not be limited to, admissions, durations of stay, ancillary services furnished (including drugs and biologicals), and professional services performed on premises.                                |                    |  |     |    |     |                       |
| F840                           | At least one study was completed during the last year.<br>Type of study last completed: _____   |                    |  |     |    |     |                       |
| <b>D. Extended Stay Review</b> |   |                    |  |     |    |     |                       |
| F841                           | SNF (405.1137(d)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET  |                    |  |     |    |     |                       |
| F842                           | 1. Periodic review is made of each current inpatient skilled nursing facility beneficiary case of continuous extended duration, and the length of which is defined in the utilization review plan to determine whether further inpatient stay is necessary. |                    |  |     |    |     |                       |
| F843                           | 2. The review is based on the attending physician's reasons for and plan for continued stay and any other documentation the committee or group deems appropriate.   |                    |  |     |    |     |                       |
| F844                           | 3. Cases are screened by:<br>a. A qualified non-physician representative of the committee.<br>b. The group.   |                    |  |     |    |     |                       |
| F845                           |   |                    |  |     |    |     |                       |
| F846                           | c. The reviewer uses criteria established by the physician members of the committee.  |                    |  |     |    |     |                       |

| NAME OF FACILITY |  | UTILIZATION REVIEW   |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|--|--|--|-----|----|-----|-----------------------|
| F847             |  | 4. In instances when non-physician members are utilized, those cases are referred to a physician member for further review when it appears that the resident no longer requires further inpatient care.  |  |     |    |     |                       |
| F848             |  | 5. Non-physician representatives used to screen extended stay review cases, have experience in such screening or appropriate training in the application of the screening criteria used, or both.  |  |     |    |     |                       |
| F849             |  | 6. Before the expiration of each new period, the case must be reviewed again in like manner with such reviews being repeated as long as the stay continues beyond the scheduled review dates and notice has not been given pursuant to paragraph (e) of this section.  |  |     |    |     |                       |
| F850             |  | <b>E. Further Stay Not Medically Necessary</b><br>SNF (405.1137(e)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET   |  |     |    |     |                       |
| F851             |  | 1. A final determination of the committee or group that continued stay is not medically necessary is made by at least two physician members of the committee or group, except that the final determination may be made by one physician where the attending physician, when given an opportunity to express his views, does not do so, or does not contest the finding that the continued stay is not medically necessary.                                 |  |     |    |     |                       |
| F852             |  | 2. If the committee or group, or its nonphysician representative where a physician member concurs, has reason to believe from the review of an extended duration case or a case reviewed as part of a medical care evaluation study that further stay is no longer medically necessary, the committee or group shall notify the individual's attending physician and afford him an opportunity to present his views before it makes a final determination. |  |     |    |     |                       |

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| NAME OF FACILITY                          |  | UTILIZATION REVIEW  | YES | NO | N/A | EXPLANATORY STATEMENT |
|---|--|---|-----|----|-----|-----------------------|
| F853                                      | 3. If the final determination of the committee or group is that further stay is no longer medically necessary, written notification of the finding is given to the facility, the attending physician, and the individual (or where appropriate, his next of kin) no later than 2 days after such final determination is made and, in no event in the case of an extended duration case, later than 3 working days after the end of the extended duration period specified pursuant to paragraph (d) of this section. | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |     |    |     |                       |
| <b>F. Administrative Responsibilities</b> |  |   |     |    |     |                       |
| F854                                      | SNF (405.1137(f)) (Standard)   | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |     |    |     |                       |
| F855                                      | The administrative staff of the facility is kept directly and fully informed of committee activities to facilitate support and assistance. (Explain)   |   |     |    |     |                       |
| <b>G. Utilization Review Records</b>      |  |   |     |    |     |                       |
| F856                                      | SNF (405.1137(g)) (Standard)   | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |     |    |     |                       |
| F857                                      | 1. Written records of committee activities are maintained.   |   |     |    |     |                       |
| F858                                      | 2. Appropriate reports, signed by the committee chairman, are made regularly to the medical staff, administrative staff, governing body, and sponsors (if any).  |   |     |    |     |                       |
| F859                                      | 3. Minutes of each committee meeting is maintained and include at least:<br>a. Name of committee.<br>b. Date and duration of meeting.<br>c. Names of committee members present and absent.   |   |     |    |     |                       |
| F860                                      |  |   |     |    |     |                       |
| F861                                      |  |   |     |    |     |                       |

| NAME OF FACILITY             |   | UTILIZATION REVIEW |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------------------|---|--------------------|--|-----|----|-----|-----------------------|
| CODE                         |   |                    |  |     |    |     |                       |
| F862                         | 4. Description of activities presently in progress to satisfy the requirements for medical care evaluation studies, including the subject, reason for study, dates of commencement and expected completion, summary of studies completed since the last meeting, conclusions and follow-up on implementation of recommendations made from previous studies. |                    |  |     |    |     |                       |
| F863                         | 5. Summary of extended duration cases reviewed including the number of cases, identification number, admission and review dates, and decision reached, including the basis for each determination and action taken for each case not approved for extended care.  |                    |  |     |    |     |                       |
| <b>H. Discharge Planning</b> |   |                    |  |     |    |     |                       |
| F864                         | SNF (405.1137(h)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET<br>The facility maintains a centralized, coordinated program to ensure that each resident has a planned program of continuing care which meets his postdischarge needs.  |                    |  |     |    |     |                       |
| F865                         | 1. The facility has in operation an organized discharge planning program.   |                    |  |     |    |     |                       |
| F866                         | The utilization review committee, in its evaluation of the current status of each extended duration case, has available to it the results of such discharge planning and information on alternative available community resources to which the resident may be referred.  |                    |  |     |    |     |                       |
| F867                         | 2. The facility maintains written discharge planning procedures which describe:<br>a. How the discharge coordinator will function, and his authority and relationships with the facility's staff.<br>b. The maximum time period after which reevaluation of each resident's discharge plan is made.   |                    |  |     |    |     |                       |
| F868                         |   |                    |  |     |    |     |                       |

| NAME OF FACILITY |   | UTILIZATION REVIEW |  | YES | NO | N/A | EXPLANATORY STATEMENT |
|------------------|---|--------------------|--|-----|----|-----|-----------------------|
| F869             | c. Local resources available to the facility, the resident, and the attending physician to assist in developing and implementing individual discharge plans; and  |                    |  |     |    |     |                       |
| F870             | d. Provisions for periodic review and reevaluation of the facility's discharge planning program.  |                    |  |     |    |     |                       |
| F871             | 3. At the time of discharge, the facility provides those responsible for the resident's post discharge care with appropriate summary of information about the discharged resident to ensure the optimal continuity of care. |                    |  |     |    |     |                       |
| F872             | The discharge summary includes at least the following:<br>a. Current information relative to diagnoses.   |                    |  |     |    |     |                       |
| F873             | b. Rehabilitation potential.  |                    |  |     |    |     |                       |
| F874             | c. A summary of the course of prior treatment.  |                    |  |     |    |     |                       |
| F875             | d. Physician orders for the immediate care of the resident.   |                    |  |     |    |     |                       |
| F876             | e. Pertinent social information.  |                    |  |     |    |     |                       |