

NAME OF FACILITY	COMPLIANCE WITH STATE AND LOCAL LAWS	YES	NO	N/A	EXPLANATORY STATEMENT
CODE	Compliance with State and Local Laws (Condition of Participation)				
F500	SNF (405.1120) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F501	A. Licensure SNF (405.1120(a)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F502	ICF (442.201) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F503	The facility has a current State License (Number _____) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	B. Personnel Licensure				
F504	SNF (405.1120(f)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F505	ICF (442.202) (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.				
	C. Compliance with Other Laws				
F507	SNF (405.1120(e)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F508	ICF (442.202) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F509	ICF (442.318) (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/ GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
CODE	The facility is in compliance with applicable regulations pertaining to:				
F511	Buying, dispensing, safeguarding, administering, and disposing of medications and controlled substances. Exception: Not applicable to SNFs.				
F512	Construction, maintenance and equipment. Exception: Not applicable to SNFs.				
F513	Current reports from all responsible governmental agencies are retained at the facility.				
	Governing Body and Management (Condition of Participation)				
F514	SNF (405.1121) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET The facility has a governing body with full legal authority and responsibility for operation of the facility.				
	A. Disclosure				
F515	SNF (405.1121(a)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET Full disclosure of ownership has been made in accordance with requirements at 42 CFR 420.206.				
	B. Administration				
F516	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
CODE							
F520	KCF (442.201) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
C. Independent Medical Review							
F521	SNF (405.112)(40) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
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.							
D. Administrator							
F522	SNF (405.112)(40) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F523	KCF (442.203) (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 _____)						
E. Resident Care Director							
F525	KCF (442.204) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F526	1. The administrator or another professional staff member is the resident care director (RCD).						
F527	2. The RCD coordinates and monitors each resident's care.						

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NAME OF FACILITY		GOVERNING BODY AND MANAGEMENT		YES	NO	N/A	EXPLANATORY STATEMENT
CODE							
F. Institutional Planning							
F528	SNF (405.112)(0) (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.						
G. Personnel Policies and Procedures							
F532	SNF (405.112)(0) (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 coverage for periodic health examinations to ensure freedom from communicable disease.						

Form HCFA-1332 (8-98)

NAME OF FACILITY	GOVERNING BODY AND MANAGEMENT	YES/NO/N/A	EXPLANATORY STATEMENT
	H. Outside Resource/Consultant Agreements		
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.		
	I. Notification of Change in Resident Status		
F544	SNF (405.1121(j)) (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, billing or related administrative matter.		

Form 1027-4-02 (2-06)

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NAME OF FACILITY	GOVERNING BODY AND MANAGEMENT	YES/NO/N/A	EXPLANATORY STATEMENT
	J. Resident Rights		
F546	SNF (405.1121(k)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET Indicators 1 thru 12 apply to SNFs.		
F547	ICF (442.311) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	I. Information		
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 charges 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.		

Form 1027-4-02 (2-06)

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NAME OF FACILITY	CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F505	2. Medical Condition and Treatment 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.				
	F506	b. Each resident is given an opportunity to participate in planning his total care and medical treatment.				
	F507	c. Each resident is given an opportunity to refuse treatment.				
	F508	d. Each resident gives informed, written consent before participating in experimental research.				
	F509	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.				
		3. Transfer and Discharge				
	F509	Each resident is transferred or discharged only for:				
	F510	a. Medical reasons.				
	F511	b. Healthier welfare or that of other residents.				
	F512	c. Nonpayment except as prohibited by the Medicare or Medicaid program.				
		4. Exercising Rights				
	F513	a. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.				
	F514	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.				
	F515	c. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.				

Form HCF-020 (2-04)

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NAME OF FACILITY	CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F566	5. Financial Affairs 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	1. The financial record must be available to the resident and his/her family.				
		6. Freedom from Abuse and Restraints				
	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.				

Form HCF-020 (2-04)

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NAME OF FACILITY		YES	NO	N/A	EXPLANATORY STATEMENT
GOVERNING BODY AND MANAGEMENT					
F576	10. Activities Each resident is allowed to participate in social, religious, and community group activities.				
F577	11. Personal Possessions Each resident is allowed to retain and use his personal possessions and clothing as space permits.				
F578	12. Written Policies and Procedures: Delegation of Rights and Responsibilities				
F579	ICF (48.312) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F580	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.				
F581	b. Physician determinations of incapability and the specific resident names are recorded by the physician in the resident's record.				
K. Resident Care Policies					
F582	SNF 405.1121(b) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F583	1. The facility has written policies to govern the continuing skilled nursing care and related medical or other services provided.				
F584	2. These policies reflect awareness of and provision for meeting the medical and psychosocial needs of residents including admission, transfer, discharge planning, and the range of services available to residents; and				

Form 4874-02 (2/96)

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NAME OF FACILITY		YES	NO	N/A	EXPLANATORY STATEMENT
GOVERNING BODY AND MANAGEMENT					
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.				
7. Privacy					
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.				
8. Work					
F584	No resident may be required to perform services for the facility.				
9. Freedom of Association and Correspondence					
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.				

Form 4874-02 (2/96)

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NAME OF FACILITY		YES NO N/A		EXPLANATORY STATEMENT
GOVERNING BODY AND MANAGEMENT				
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.			
L. Public Availability				
F599	ICF (442.360) (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.			
M. Admissions				
F602	ICF (442.305) (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.			

NAME OF FACILITY		GOVERNING BODY AND MANAGEMENT		YES	NO	NOT	EXPLANATORY STATEMENT
CODE							
N. Transfers							
F606	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/her next of kin, the attending physician, and the responsible agency, if any, at least five days before discharge.						
F609	3. The facility uses carework services and other means to ensure that adequate arrangements are made to meet resident's needs through other resources.						
O. Restraints							
F610	ICF (442.308) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
The facility has written policies and procedures that:							
F611	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.						
P. Complaints							
F614	ICF (442.309) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
The facility has written policies and procedures that:							
F615	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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NAME OF FACILITY

CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	NA	EXPLANATORY STATEMENT
G. Staff Development					
F517	SNF (405.112.100) (Standard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOT MET
F610	ICF (442.314) (Standard)	<input type="checkbox"/>	<input type="checkbox"/>	<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 in-service 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. In-service training includes at least prevention and control of infection, fire prevention and safety, confidentiality of resident information, and preservation of resident dignity including protection of resident's privacy and personal and property rights.				

Form HCA 1001 (2-88)

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NAME OF FACILITY	CODE	MEDICAL DIRECTION	YES (NO) N/A	EXPLANATORY STATEMENT
		Medical Director (Condition of Participation)		
	FR24	SNF (405.1123) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET 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.)		
		A. Coordination of Medical Care		
	FR25	SNF (405.1123)(a) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	FR26	1. Medical direction and supervision of medical care in the facility are provided by a Medical Director.		
	FR27	2. The Medical Director is responsible for development of policies approved by the governing body.		
	FR28	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. Responsibilities to the Facility		
	FR29	SNF (405.1123)(b) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	FR30	1. The Medical Director is responsible for surveillance of the health status of the facility's employees.		
	FR31	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	PHYSICIAN SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
CODE	Physician Services (Condition of Participation)				
F532	SNF (405.1123) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET 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 assignment a personal physician.				
	A. Physician Supervision				
F533	SNF (405.1123)(i) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F534	ICF (42.346) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F535	1. The facility has a policy that the health care of every resident must be under the supervision of a physician.				
F536	2. All attending physicians must make arrangements for the medical care of their residents in their absence.				
	B. Emergency Services				
F537	SNF (405.1123)(ii) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET The facility has written procedures available at each nursing station that provide for having a physician available to furnish necessary medical care in case of emergency.				

Form HCR-025 (2-84)

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F638	<p>Nursing Services (Condition of Participation)</p> <p>SNF (405.1124) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>The facility provides 24-hour service by licensed nurses, including the services of a registered nurse at least during the day hour of duty, 7 days a week. There is an expanded nursing service with a sufficient number of qualified nursing personnel to meet the total nursing needs of all residents (See 405.1911(b) regarding waiver of the 7-day registered nurse requirement).</p>				
F639	<p>ICF (442.342) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>The facility provides nursing care as needed including responsive nursing care.</p>				
F640	<p>A. Director of Nursing Services</p> <p>SNF (405.1124)(i) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p>				
F641	<p>1. The director of nursing services is a qualified registered nurse employed fulltime</p>				
F642	<p>2. The director of nursing services has, in writing, administrative authority, responsibility, and accountability for the functions, activities, and timing of the nursing services staff, and access only one facility in this capacity.</p>				
F643	<p>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.</p>				

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NAME OF FACILITY		YES/NO/NA		EXPLANATORY STATEMENT
CODE	DEFINITION	YES	NO	NA
B. Health Services Supervision				
F544	ICF (442.320) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
F545	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.			
F546	2. The nurse has a current State license.			
F547	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.			
F548	4. To qualify to serve as a health services supervisor, a licensed practical or vocational nurse must: a. Have graduated from a State-approved school of practical nursing, or 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 c. Have passed the Public Health Service examination for advanced licensed practical or vocational nurses.			
F549	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 all of the required topics of the examination and practice hours in all nursing specialties in the program of a State-approved school of practical or vocational nursing, and			
F550				
F551				

Form 40-100-110a

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F652	5. The State agency responsible for licensing the individual submits a report to the Medicaid agency comparing State-licensed practical nurse or educational nurse course requirements with those for the program completed by the individual.				
C. Twenty-four Hour Nursing Service					
F653	SNF (405.1294)(c) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F654	ICF (442.398) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F655	1. 24-hour Nursing Nursing policies and procedures address the total nursing needs of the residents.				
F656	The policies are designed to ensure that each resident receives 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.				

Form HCA 630 (2-88)

NAME OF FACILITY		YES	NO	NA	EXPLANATORY STATEMENT
CODE	NURSING SERVICES				
F659	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 hour of duty.				
D. Rehabilitative Nursing Care					
F656	SNF 405.1124(j) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F657	Nursing personnel are trained in rehabilitative nursing.				
E. Supervision of Resident Nutrition					
F658	SNF 405.1124(k) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F659	A procedure is established to inform diets, services of physicians' diet orders and of residents' dietary problems.				
F. Administration of Drugs					
F670	SNF 405.1124(j) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F671	Procedures are established by the Pharmaceutical Services Committee (see 405.1121(d)) to ensure that drugs are checked against physicians' orders.				
G. Conformance with Physicians' Drug Orders					
F672	SNF 405.1124(k) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET Indicators 1 thru 4 apply to SNFs.				
F673	ICF 442.313) (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.				

Form HCA 659 (10/8)

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NAME OF FACILITY		YES	NO	NA	EXPLANATORY STATEMENT
NURSING SERVICES					
F675	2. The attending physician is notified or an automatic stop order prior to the last dose so that the physician may observe if the administration of the drug or biological is to be continued or altered.				
F676	ICF (42.334) (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.				
H. Storage of Drugs and Biologicals					
F679	SNF (48.11240) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F680	1. Procedures for storing and dispensing 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. Security locked, permanently sealed 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.				

Form HCPA-03 (3-81)

NAME OF FACILITY	DIETETIC SERVICES	YES/NO/NA	EXPLANATORY STATEMENT
	Diabetic Services (Condition of Participation)		
F685	SNF 405.1123) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET The facility provides a hygiene diabetic 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.		
F686	A. Staffing SNF 405.1125(a) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
F687	1. Overall supervisory responsibility for the direct service is assigned to a full-time qualified diabetic service supervisor.		
F688	2. If the diabetic service supervisor is not a qualified dietician, the diabetic service supervisor functions with frequent, regular scheduled consultation from a person so qualified. (405.1125(a))		
F689	3. In addition, the facility employs sufficient supportive personnel competent to carry out the functions of the diabetic service.		
F690	4. If consultant diabetic 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 diabetic service, approval of all menus, and participation in the development or revision of diabetic policies and procedures. (See 405.1125(i))		

NAME OF FACILITY	DIETETIC SERVICES	YES/NO/NA	EXPLANATORY STATEMENT
	B. Staffing ICF 442.332 (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
F691	1. The facility has a staff member trained or experienced in food management or nutrition who is responsible for:		
F692	a. Planning meals that meet the nutritional needs of each resident.		
F693	b. Following the orders of the resident's physician.		
F694	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).		
F695	d. Supervising the meal preparation and service to ensure that the menu plan is followed.		
F696	2. For residents who required medically prescribed special diets, the facility:		
F697	a. Has menus for those residents planned by a professionally qualified dietician or reviewed and approved by the attending physician; and		
F698	b. Supervises the preparation and serving of meals to ensure that the resident accepts the special diet.		
F699	3. The facility keeps for 30 days a record of each menu as served.		

NAME OF FACILITY

CODE	DELTIC SERVICES/ SPECIALIZED REHABILITATION SERVICES	YES/NO/N/A		EXPLANATORY STATEMENT
		YES	NO/N/A	
C. Hygiene of Staff				
F699	SNF §405.1129(i) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
F700	In the event food service employees are assigned duties outside the domestic services, these duties do not interfere with the sanitation, safety, or the time required for domestic work assignments. (See §405.1129(g).)			
D. Sanitary Conditions				
F701	SNF §405.1129(j) (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 actions taken by the facility to comply with any recommendations.			
Specialized Rehabilitation Services (Condition of Participation)				
F703	SNF §405.1120) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET 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 refer residents in need of this care unless provision is made for such services to be provided by qualified outside resources under which the facility assumes professional responsibility for the services rendered. (See §405.1121(i).)			

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NAME OF FACILITY		SPECIALIZED REHABILITATION SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
A. Staffing and Organization							
F704	SNF (455.122)(a) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
Indicators 1 thru 3 apply to SNFs							
F705	ICF (462.362) (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. Exception: Does not apply to ICFs.						
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. Exception: Does not apply to ICFs. See General Requirements 472.305						

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NAME OF FACILITY		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	SPECIALIZED REHABILITATION SERVICES; PHARMACEUTICAL SERVICES				
B. Documentation of Services					
F709	SNF 405.1286(c) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET 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 coded and signed by the physician ordering the service and the person who provided the service.				
C. Qualifying to Provide Outpatient Physical Therapy Services					
F710	SNF 405.1286(d) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET 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(b) and 405.1723(b), (4), (5), (6), (7), and (8). and 405.1725.)				
Pharmaceutical Services (Condition of Participation)					
F711	SNF 405.1227 <input type="checkbox"/> MET <input type="checkbox"/> NOT MET 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 program, and for ensuring that pharmaceutical services are provided in accordance with accepted professional practice.				

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NAME OF FACILITY		PHARMACEUTICAL SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
CODE							
A. Supervision of Services							
F712	SNF 405.1127(b) (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 devising, coordinating, and supervising all pharmaceutical services.						
F715	3. The pharmacist (if not a full time employee) observes a sufficient number of hours, based upon the needs of the facility, during regularly scheduled visits to carry out these responsibilities.						
F716	QF 142.333 (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 reordering of drugs and biologics.						
B. Control and Accountability							
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 biologics throughout the facility.						
F721	2. Only approved drugs and biologics 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 LABORATORY AND RADIOLOGIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Pharmaceutical Services Committee				
F723	SNF 405-1127(b) (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 composed 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 services to ensure its accuracy and adequacy.				
	Laboratory and Radiologic Services (Condition of Participation)				
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.				
	A. Provision for Services				
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 405-1020 and 405-1029, respectively.				

Form HCA 420 (1/86)

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NAME OF FACILITY

CODE	LABORATORY AND RADIOLOGIC SERVICES/ DENTAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
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. Blood and Blood Products					
F732	SNF (405.1128)(i) (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 transporting blood and blood products, it meets the conditions established for certification of hospitals that are contained in §405.1028(i).				
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(i)(1), (3), (4), (6), and (9).				
Dental Services (Condition of Participation)					
F736	SNF (405.1129) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET 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, fitting, removal, or replacement of teeth or structures supporting the teeth, and only when oral surgery is included in the Supplemental Medical Insurance Program.)				

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NAME OF FACILITY	CODE	DENTAL SERVICES/SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
		A. Advisory Dentist				
	F737	SNF 1405.1129(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(f))				
		B. Arrangements of Outside Services				
	F739	SNF 1405.1129(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.				
		Social Services (Condition of Participation)				
	F743	SNF 1405.1130 <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
		The facility has satisfactory arrangements for identifying the resident's 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 to other social services as appropriate. Social agencies, if such services are offered by the facility, must be provided under a clearly defined plan, by which the persons to assist each resident to adjust to the social and emotional aspects of the resident's illness, treatment, and stay in the facility.				

NAME OF FACILITY	YEST/NO/NA	EXPLANATORY STATEMENT
CODE	SOCIAL SERVICES	
A. Social Service Functions		
F744	SNF (405.1133(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	CF (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. Staffing		
F747	SNF (405.1150(c)) (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 445.1101(e).]	
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.	

See HCA 505.2-06

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NAME OF FACILITY

CODE	SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
F752	ICF (42.3446)	<input type="checkbox"/>	<input type="checkbox"/>	<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.				
F754					
C. Records and Confidentiality					
F755	SNF (405.11302) (Standard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOT MET
F756	Records of electronic social data about personal and family problems, including 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.				
Activities (Condition of Participation)					
F758	SNF (425.111)	<input type="checkbox"/>	<input type="checkbox"/>	<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.				

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NAME OF FACILITY	CODE	ACTIVITIES/MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
		A. Staffing				
	F759	SNF 1405.1131(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, regular scheduled consultation from a person so qualified. [See §405.1101(b).]				
	F762	ICF (442.34500) <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 services.				
	F763	Medical Records (Condition of Participation) SNF 1405.1132 <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 complete and accurately documented, readily accessible, and systematically organized to facilitate reviewing and compiling information.				
	F764	ICF (442.31800) <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	CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
		A. Staffing				
	F765	SNF 1405.1132(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 component 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(c).]				
		B. Protection of Medical Record Information				
	F769	SNF 1405.1132(b) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F770	ICF (442.31800) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F771	The facility safeguards medical record information against loss, destruction, or unauthorized use.				
		C. Physician Documentation				
	F772	SNF 1405.1132(c) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F773	1. Only physicians enter or authenticate in medical records their own judgments 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	CODE	TRANSFER AGREEMENT (Condition of Participation)	YES/NO/NA	EXPLANATORY STATEMENT
	F770	SNF (405.1132)(4) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F776	ICF (442.314) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F777	SNF (405.1132)(0) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F778	ICF (442.313)(4) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F779	SNF (405.1132)(0)(Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		

NAME OF FACILITY	CODE	TRANSFER AGREEMENT (Condition of Participation)	YES/NO/NA	EXPLANATORY STATEMENT
	F781	SNF (405.1133) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F782	ICF (442.314) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F783	SNF (405.1132)(0) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F784	ICF (442.313)(4) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F785	SNF (405.1132)(0)(Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		

NAME OF FACILITY	CODE	INFECTION CONTROL (Condition of Participation)	YES	NO	N/A	EXPLANATORY STATEMENT
	F791	<p>Infection Control (Condition of Participation)</p> <p>SNF (405.1135) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>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 help prevent the development and transmission of infection.</p>				
	F792	<p>A. Infection Control Committee</p> <p>SNF (405.1135)(4) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p>				
	F793	1. The infection control committee is composed of members of the medical and nursing staffs, administration, and the clinic, 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 assessed.				
	F796	<p>B. Aseptic and Isolation Techniques</p> <p>SNF (405.1135)(8) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p>				
	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.				

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NAME OF FACILITY	CODE	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 appropriately cared for otherwise than in either of such institutions.				
	F787	3. Security and accountability for residents' personal effects are provided on transfer.				
	F788	<p>Physical Environment (Condition of Participation)</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>A. Life Safety from Fire</p> <p>SNF (405.1134)(3) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>ICF (442.221) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>(See appropriate HCFA Fire Safety survey form.)</p> <p>B. Maintenance of Equipment, Building, and Grounds</p> <p>SNF (405.1134)(4) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>The facility establishes a written preventative maintenance program to ensure that all equipment is operative.</p>				

From HCFA 505 (2-98)

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NAME OF FACILITY		YES	NO	NA	EXPLANATORY STATEMENT
CODE	DISASTER PREPAREDNESS <i>(Condition of Participation)</i>				
F805	SNF (405.1136) 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		
F806	A. Plan 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: a. Caring for the resident. b. Notifying the attending physician and other individuals responsible for the resident. c. Arranging for transportation, hospitalization, and other appropriate services.				
F811					
F812					
F813	SNF (405.1136)(4) (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.				

Form HCFA-605 (9-84)

NAME OF FACILITY		YES	NO	NA	EXPLANATORY STATEMENT
CODE	INSECTICIDE CONTROL				
F799	C. Housekeeping SNF (405.1135)(4) (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.				
F804	D. Pest Control SNF (405.1135)(4) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET The facility has an ongoing pest control program.				

Form HCFA-605 (9-84)

NAME OF FACILITY		DISASTER PREPAREDNESS/UTILIZATION REVIEW		YES	NO	N/A	EXPLANATORY STATEMENT
CODE							
F816	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(b)).						
B. Orientation and training							
F821	SNF 405.1135(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(f)).						
Utilization Review (Condition of Participation)							
F823	SNF 405.1137 <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
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 appropriate use of services and that 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
CODE							
A. Plan							
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. Organization and Composition of Utilization Review Committees							
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 well constituted of the skilled nursing facility which is composed of two or more physicians, with participation of other professional personnel, or,						

NAME OF FACILITY		UTILIZATION REVIEW		YES	NO	N/A	EXPLANATORY STATEMENT
FB01	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.)						
FB02	c. A group established and organized in a manner approved by the Secretary that is capable of performing such function.						
FB03	2. The medical care evaluation studies, educational duties of the review program, and the review of admissions and long-stay cases are performed by: <ul style="list-style-type: none"> a. the same committee or group; b. or more committees or groups. Briefly explain who performs these functions.						
FB04							
FB05	C. Medical Care Evaluation Studies SNF (406.1137)(6) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
FB06	1. Medical care evaluation studies are performed to promote the most objective and efficient use of available health facilities and services consistent with resident needs and professionally recognized standards of health care.						
FB07	2. Studies emphasize identification and analysis of patterns of resident care and suggest, where appropriate, possible changes for maintaining consistently high quality care and efficient use of services.						

Form HCR-003 (3/88)

NAME OF FACILITY	CODE	UTILIZATION REVIEW	YES	NO	N/A	EXPLANATORY STATEMENT
	FR38	3. Each medical care evaluation study identifies and analyzes factors related to the case reviewed in the facility and when indicated, results in recommendations for change beneficial to residents, staff, the facility, and the community.				
	FR39	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.				
	FR40	At least one study was completed during the last year. Type of study last completed: _____				
	FR41	D. Extended Stay Review SNF (405.11374) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	FR42	1. Periodic review is made of each current inpatient skilled nursing facility beneficiary case of continuous extended stay, and the length of which is defined in the institution, and the review is to determine whether further inpatient stay is necessary.				
	FR43	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.				
	FR44	3. Cases are screened by: a. A qualified non-physician representative of the committee. b. The group.				
	FR45					
	FR46	c. The reviewer uses criteria established by the physician members of the committee.				

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NAME OF FACILITY	CODE	UTILIZATION REVIEW	YES	NO	N/A	EXPLANATORY STATEMENT
	FR47	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.				
	FR48	5. Non-physician representatives used to screen extended stay cases are given the opportunity of commenting or appropriate guidance in the application of the screening criteria used, or both.				
	FR49	6. Before the expiration of each new period, the case must be reviewed again in like manner with such reviews being recorded as long as the stay continues beyond the scheduled review dates and notice has not been given pursuant to paragraph (a) of this section.				
	FR50	E. Further Stay Not Medically Necessary SNF (405.11374) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	FR51	1. A final determination of the committee or group that continued stay is not medically necessary is made by at least one physician member of the committee or group, except that the final determination may be made by a physician when 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.				
	FR52	2. If the committee or group, or its nonphysician member, when given the opportunity, has made a determination to continue the stay, the committee or group shall, as part of a medical case or a case reviewed as part of a medical case 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.				

Form 107-A-02 (04/04) Page 15

NAME OF FACILITY	CODE	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 for whose admission the stay is being determined. If the final determination is made and, in no event in the case of a resident, less than 3 working days after the end of the scheduled admission period, specified pursuant to paragraph (3) of this section.				
		F. Administrative Responsibilities				
	F854	SNF (405.1127)(i) (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)				
		G. Utilization Review Records				
	F856	SNF (405.1127)(ii) (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:				
		a. Name of committee.				
		b. Date and duration of meeting.				
	F860					
	F861	c. Names of committee members present and absent.				

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NAME OF FACILITY	CODE	UTILIZATION REVIEW	YES	NO	N/A	EXPLANATORY STATEMENT
	F862	4. Description of activities presently in progress to satisfy the requirements for accreditation, including the subject, reasons 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 reasons for action taken for each case not approved for extended care.				
		H. Discharge Planning				
	F864	SNF (405.1133)(i) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F865	The facility maintains a centralized, coordinated program to ensure that each resident has a planned program of continuing care which meets his postdischarge needs.				
	F866	1. The facility has in operation an organized discharge planning program.				
	F867	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.				
	F868	2. The facility maintains written discharge planning procedures which describe:				
		a. How the discharge coordinator will function, and his authority and relationships with the facility's staff.				
		b. The maximum time period after which reevaluation of each resident's discharge plan is made.				

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NAME OF FACILITY	UTILIZATION REVIEW	YES	NO	N/A	EXPLANATORY STATEMENT
CODE FB99	c. Local resources available to the facility, the resident, and the attending physician to assist in developing and implementing individual discharge plans, and				
FB70	d. Processes for periodic review and evaluation of the facility's discharge planning program.				
FB71	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. The discharge summary includes at least the following: a. Current information relative to diagnoses. b. Rehabilitation potential.				
FB72	a. Current information relative to diagnoses.				
FB73	b. Rehabilitation potential.				
FB74	c. A summary of the course of prior treatment.				
FB75	d. Physician orders for the immediate care of the resident.				
FB76	e. Pertinent social information.				

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