

# 42 C.F.R. § 488.105

## Long term care survey forms, Part B.

§ 488.105 Long term care survey forms, Part B.  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE PROGRAM ADMINISTRATION

FORM APPROVED  
OCT 15, 2016 (HHS)

**PART B**  
**MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REPORT**

PROVIDER NUMBER \_\_\_\_\_ FACILITY NAME AND ADDRESS (City, State, Zip) \_\_\_\_\_

VENDOR NUMBER \_\_\_\_\_

SURVEY DATE \_\_\_\_\_

SURVEYOR NAMES \_\_\_\_\_ TITLES \_\_\_\_\_

**SURVEY TEAM COMPOSITION**  
F1 Indicate the Number of Surveyors According to Discipline:

A. Administrator	_____
B. Nurse	_____
C. Dietitian	_____
D. Pharmacist	_____
E. Health Care Administrator	_____
F. Social Worker	_____
G. Qualified Nurse (Registered Professional)	_____

Note: More than one discipline may be marked for surveyor qualified in multiple disciplines.

F2 Indicate the Total Number of Surveyors Qualified from HCA/HC (F 1-7) as: \_\_\_\_\_

HC - Life Safety Code Specialist  
I. Librarians  
J. Sanitarians  
K. Therapist  
L. Physician  
M. National Institute of Mental Health  
N. Other

(CONTINUED ON REVERSE) Page 1

NAME OF FACILITY	WEST NODINA	EXPLANATORY STATEMENT	PROVIDER NO.	F3 MEDICARE	F4 MEDICAID	F5 OTHER	F6 TOTAL RESIDENTS
<p><b>G306</b> GOVERNING BODY (CONDITION OF PARTICIPATION)</p> <p><b>F30</b> SNF (406.1171) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><b>RESIDENT RIGHTS</b></p> <p><b>F31</b> SNF (406.1171)(b) (Standard 1) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><b>F32</b> SNF (406.1171)(c) (Standard 2) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><b>F33</b> SNF (406.1171)(d) (Standard 3) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><b>A. Information</b></p> <p><b>F34</b> 1. The facility informs each resident, before or at the time of admission, of their rights and responsibilities.</p> <p><b>F35</b> 2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.</p> <p><b>F36</b> 3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.</p> <p><b>F37</b> 4. Each resident acknowledges in writing receipt of residents' rights information and any amendments to it.</p> <p><b>F38</b> 5. The resident must be informed in writing of all services and charges for services.</p> <p><b>F39</b> 6. 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.</p> <p><b>F40</b> 7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate.</p>							

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS	
<b>F7</b> (BATHING)	<b>F7</b> Number of residents requiring assistance in bathing more than one part of body—see item F6, bath.
<b>F8</b> (BATHING)	<b>F8</b> Number of residents requiring assistance in bathing only in single part (face or discolored extremity) or bathes self completely.
<b>F9</b> (BATHING)	<b>F9</b> TOTAL*
<b>F10</b> (DRESSING)	<b>F10</b> Number of residents totally dressed by another person.
<b>F11</b> (DRESSING)	<b>F11</b> Number of residents needing assistance to dress self or remain partly dressed. (Excludes those residents totally dressed.)
<b>F12</b> (DRESSING)	<b>F12</b> Number of residents able to get clothes from closets and drawers/pulls on their own, including undergarments, hosiery, outerwear, and all types of shoes in accordance with facility policy.
<b>F13</b> (DRESSING)	<b>F13</b> TOTAL*
<b>F14</b> (TOILETING)	<b>F14</b> Number of residents not toiletted. (See protective padding, catheter.)
<b>F15</b> (TOILETING)	<b>F15</b> Number of residents who must use a baggie or commode and/or receive assistance in getting to and using a toilet.
<b>F16</b> (TOILETING)	<b>F16</b> Number of residents able to get to toilet—gets on and off toilet—cleans self—washes clothes.
<b>F17</b> (TOILETING)	<b>F17</b> TOTAL*
<b>F18</b> (TRANSFER)	<b>F18</b> Number of residents needing assistance in all transfers (including in and out of bed and/or chair, toilet, tub, shower, etc.).
<b>F19</b> (TRANSFER)	<b>F19</b> Number of residents needing assistance in transferring to toilet and tub only.
<b>F20</b> (TRANSFER)	<b>F20</b> Number of residents able to complete all transfers independently or only need to be using mechanical supports.
<b>F21</b> (TRANSFER)	<b>F21</b> TOTAL*
<b>F22</b> (CONTINENCE)	<b>F22</b> Number of residents who receive incontinent/perineal feedings.
<b>F23</b> (CONTINENCE)	<b>F23</b> Number of residents who receive 80 tube feedings.
<b>F24</b> (CONTINENCE)	<b>F24</b> Number of residents who require assistance in act of eating.
<b>F25</b> (CONTINENCE)	<b>F25</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F26</b> (FEEDING)	<b>F26</b> TOTAL*
<b>F27</b> (FEEDING)	<b>F27</b> Number of residents who receive incontinent/perineal feedings.
<b>F28</b> (FEEDING)	<b>F28</b> Number of residents who receive 80 tube feedings.
<b>F29</b> (FEEDING)	<b>F29</b> Number of residents who require assistance in act of eating.
<b>F30</b> (FEEDING)	<b>F30</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F31</b> (FEEDING)	<b>F31</b> TOTAL*
<b>F32</b> (FEEDING)	<b>F32</b> Number of residents who receive incontinent/perineal feedings.
<b>F33</b> (FEEDING)	<b>F33</b> Number of residents who receive 80 tube feedings.
<b>F34</b> (FEEDING)	<b>F34</b> Number of residents who require assistance in act of eating.
<b>F35</b> (FEEDING)	<b>F35</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F36</b> (FEEDING)	<b>F36</b> TOTAL*
<b>F37</b> (FEEDING)	<b>F37</b> Number of residents who receive incontinent/perineal feedings.
<b>F38</b> (FEEDING)	<b>F38</b> Number of residents who receive 80 tube feedings.
<b>F39</b> (FEEDING)	<b>F39</b> Number of residents who require assistance in act of eating.
<b>F40</b> (FEEDING)	<b>F40</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F41</b> (FEEDING)	<b>F41</b> TOTAL*
<b>F42</b> (FEEDING)	<b>F42</b> Number of residents who receive incontinent/perineal feedings.
<b>F43</b> (FEEDING)	<b>F43</b> Number of residents who receive 80 tube feedings.
<b>F44</b> (FEEDING)	<b>F44</b> Number of residents who require assistance in act of eating.
<b>F45</b> (FEEDING)	<b>F45</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F46</b> (FEEDING)	<b>F46</b> TOTAL*
<b>F47</b> (FEEDING)	<b>F47</b> Number of residents who receive incontinent/perineal feedings.
<b>F48</b> (FEEDING)	<b>F48</b> Number of residents who receive 80 tube feedings.
<b>F49</b> (FEEDING)	<b>F49</b> Number of residents who require assistance in act of eating.
<b>F50</b> (FEEDING)	<b>F50</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F51</b> (FEEDING)	<b>F51</b> TOTAL*
<b>F52</b> (FEEDING)	<b>F52</b> Number of residents who receive incontinent/perineal feedings.
<b>F53</b> (FEEDING)	<b>F53</b> Number of residents who receive 80 tube feedings.
<b>F54</b> (FEEDING)	<b>F54</b> Number of residents who require assistance in act of eating.
<b>F55</b> (FEEDING)	<b>F55</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F56</b> (FEEDING)	<b>F56</b> TOTAL*
<b>F57</b> (FEEDING)	<b>F57</b> Number of residents who receive incontinent/perineal feedings.
<b>F58</b> (FEEDING)	<b>F58</b> Number of residents who receive 80 tube feedings.
<b>F59</b> (FEEDING)	<b>F59</b> Number of residents who require assistance in act of eating.
<b>F60</b> (FEEDING)	<b>F60</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F61</b> (FEEDING)	<b>F61</b> TOTAL*
<b>F62</b> (FEEDING)	<b>F62</b> Number of residents who receive incontinent/perineal feedings.
<b>F63</b> (FEEDING)	<b>F63</b> Number of residents who receive 80 tube feedings.
<b>F64</b> (FEEDING)	<b>F64</b> Number of residents who require assistance in act of eating.
<b>F65</b> (FEEDING)	<b>F65</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F66</b> (FEEDING)	<b>F66</b> TOTAL*
<b>F67</b> (FEEDING)	<b>F67</b> Number of residents who receive incontinent/perineal feedings.
<b>F68</b> (FEEDING)	<b>F68</b> Number of residents who receive 80 tube feedings.
<b>F69</b> (FEEDING)	<b>F69</b> Number of residents who require assistance in act of eating.
<b>F70</b> (FEEDING)	<b>F70</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F71</b> (FEEDING)	<b>F71</b> TOTAL*
<b>F72</b> (FEEDING)	<b>F72</b> Number of residents who receive incontinent/perineal feedings.
<b>F73</b> (FEEDING)	<b>F73</b> Number of residents who receive 80 tube feedings.
<b>F74</b> (FEEDING)	<b>F74</b> Number of residents who require assistance in act of eating.
<b>F75</b> (FEEDING)	<b>F75</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F76</b> (FEEDING)	<b>F76</b> TOTAL*
<b>F77</b> (FEEDING)	<b>F77</b> Number of residents who receive incontinent/perineal feedings.
<b>F78</b> (FEEDING)	<b>F78</b> Number of residents who receive 80 tube feedings.
<b>F79</b> (FEEDING)	<b>F79</b> Number of residents who require assistance in act of eating.
<b>F80</b> (FEEDING)	<b>F80</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F81</b> (FEEDING)	<b>F81</b> TOTAL*
<b>F82</b> (FEEDING)	<b>F82</b> Number of residents who receive incontinent/perineal feedings.
<b>F83</b> (FEEDING)	<b>F83</b> Number of residents who receive 80 tube feedings.
<b>F84</b> (FEEDING)	<b>F84</b> Number of residents who require assistance in act of eating.
<b>F85</b> (FEEDING)	<b>F85</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F86</b> (FEEDING)	<b>F86</b> TOTAL*
<b>F87</b> (FEEDING)	<b>F87</b> Number of residents who receive incontinent/perineal feedings.
<b>F88</b> (FEEDING)	<b>F88</b> Number of residents who receive 80 tube feedings.
<b>F89</b> (FEEDING)	<b>F89</b> Number of residents who require assistance in act of eating.
<b>F90</b> (FEEDING)	<b>F90</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F91</b> (FEEDING)	<b>F91</b> TOTAL*
<b>F92</b> (FEEDING)	<b>F92</b> Number of residents who receive incontinent/perineal feedings.
<b>F93</b> (FEEDING)	<b>F93</b> Number of residents who receive 80 tube feedings.
<b>F94</b> (FEEDING)	<b>F94</b> Number of residents who require assistance in act of eating.
<b>F95</b> (FEEDING)	<b>F95</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F96</b> (FEEDING)	<b>F96</b> TOTAL*
<b>F97</b> (FEEDING)	<b>F97</b> Number of residents who receive incontinent/perineal feedings.
<b>F98</b> (FEEDING)	<b>F98</b> Number of residents who receive 80 tube feedings.
<b>F99</b> (FEEDING)	<b>F99</b> Number of residents who require assistance in act of eating.
<b>F100</b> (FEEDING)	<b>F100</b> Number of residents who get food from table or its equivalent into mouth—pre-cutting of meat and preparation of food, handwashing (meal, serving cartons, remaining plate covers, etc.), are excluded from residents.
<b>F101</b> (FEEDING)	<b>F101</b> TOTAL*

NAME OF FACILITY	GOVERNING BODY	YES/NO/NA	EXPLANATORY STATEMENT
	8. Such complaints are submitted by the resident, guardian, or representative.		
	<b>E. Financial Affairs</b>		
	1. Residents are allowed to manage their own personal financial affairs.		
	2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis.		
	3. The facility does not commingle resident funds with any other funds.		
	4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing.		
	5. The facility system of accounting includes written receipts for:		
	All personal possessions and funds received by or deposited with the facility.		
	All disbursements made to or for the resident.		
	The financial record must be available to the resident and his/her family.		
	<b>F. Freedom from Abuse and Restraints</b>		
	1. Each resident is free from mental and physical abuse.		
	2. Chemical and physical restraints are only used when prescribed by a physician in writing for a specified period of time or in emergencies.		

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NAME OF FACILITY	GOVERNING BODY	YES/NO/NA	EXPLANATORY STATEMENT
	<b>B. Medical Condition and Treatment</b>		
	1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated.		
	2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment.		
	3. Each resident is given an opportunity to refuse treatment.		
	4. Each resident gives informed, written consent before participating in experimental research.		
	5. If the physician decides that informing the resident of his/her health is medically contraindicated, the physician has documented this decision in the resident's medical record.		
	<b>C. Transfer and Discharge</b>		
	Each resident is transferred or discharged only for:		
	1. Medical reasons.		
	2. His/her welfare or that of other residents.		
	3. An approved transfer or admission to the institution of his/her own volition.		
	4. Each resident is given reasonable advance notice to make arrangements for discharge, and reported for 100 residents.		
	<b>D. Exercising Rights</b>		
	1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.		
	2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to state or to outside representatives of the resident's choice or both.		

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NAME OF FACILITY	GOVERNING BODY	YES	NO	INA	EXPLANATORY STATEMENT
	<b>I. Freedom of Association and Correspondence</b>				
P81	1. Each resident is allowed to communicate, associate and form or join groups or organizations within the facility upon the rights of another resident.				
P82	2. Each resident is allowed to send and receive personal mail unopened.				
	<b>J. Activities</b>				
P83	Each resident is allowed to participate in social, religious, and community group activities.				
	<b>K. Personal Possessions</b>				
P84	Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.				
	<b>L. Delegation of Rights and Responsibilities</b>				
P85	ICF (462.312) (STANDARD) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
P86	1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or other person designated by the resident and/or State law or is deemed by his/her physician to be incapable of understanding his/her rights and responsibilities.				
P87	2. Physician determinations of incapacity and the specific reasons stated are recorded by the physician in the resident's record.				
	<b>M. Work</b>				
P88	No resident may be required to perform services for the facility.				

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NAME OF FACILITY	GOVERNING BODY	YES	NO	INA	EXPLANATORY STATEMENT
	<b>G. Privacy</b>				
P81	3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others.				
P82	4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
P83	5. The emergency use is reported promptly to the resident's physician by the staff member.				
	<b>H. Work</b>				
P84	1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
P85	2. Each resident is given privacy during treatment and care of personal needs.				
P86	3. Each resident's records, including information in an accessible data bank, are stored confidentially.				
P87	4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
P88	5. Manual records are given privacy during visits by their spouses.				
P89	6. Manual records are permitted to share a room.				
	<b>H. Work</b>				
P90	No resident may be required to perform services for the facility.				

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NAME OF FACILITY	GOVERNORS' BODY	YES	NO	NA	EXPLANATORY STATEMENT
CODE	STAFF DEVELOPMENT				
F96	SNF 405.112(f)(6) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F99	ICF (442.214) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F100	1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled. 2. Facility staff practice proper techniques in providing care to the aged, ill, and disabled. 3. Facility staff practice proper technique for prevention and control of infection, the prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights.				
F103	STATUS CHANGE NOTIFICATIONS				
F103	SNF 405.112(f)(8) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F104	ICF (442.207) (Standard) <input type="checkbox"/> Met <input type="checkbox"/> Not Met				
F105	1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving a resident, or any significant change in the resident's physical, mental, or emotional status, or resident charges, bills, and related administrative matters. 2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered abruptly, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or appointor.				

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NAME OF FACILITY	PHYSICIANS' SERVICES	YES	NO	NA	EXPLANATORY STATEMENT
CODE	PHYSICIANS' SERVICES (CONDITION OF PARTICIPATION)				
F109	SNF 405.1125) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F108	A. Medical History and Orders at Time of Admission				
F108	SNF 405.1125(a) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical history, diagnoses, and orders from a physician for immediate care of the resident. 2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.				

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NAME OF FACILITY	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F119	7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.				
F120	8. Alternate physician visit schedules that exceed a 30-day period for a resident are established by the attending physician and justified by the attending physician in the medical record. These visits cannot exceed 60 days or 48979 to residents who require specialized rehabilitation schedules. EXCEPTION: Not required for ICF residents.				
F121	<b>C. Emergency Services</b> SNF (05.1128)(6) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET Emergency services from a physician are available and provided to each resident who requires emergency care.				
F122	<b>NURSING SERVICES (CONDITION OF PARTICIPATION)</b> SNF (05.1124) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F124	SNF (05.1124)(c) (Standard) <input type="checkbox"/> Met <input type="checkbox"/> Not Met REGULATIONS A and B apply to this standard for SNFs.				
F125	ICF (042.348) <input type="checkbox"/> Met <input type="checkbox"/> Not Met Indicators A thru E apply to this standard for ICFs, except where noted.				
F128	A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day. 1. Each resident receives all treatments, medications and diet as prescribed. Resident files are reported and appropriate action is taken.				

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NAME OF FACILITY	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F111	9. Resident Supervision by Physicians SNF (05.1123)(6) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F112	ICF (042.348) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET Indicators B and C apply to this standard for ICFs.				
F113	1. Every resident must be under the supervision of a physician.				
F114	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs. Exception: Not required for ICF residents				
F115	3. A physician is available to provide care in the absence of any resident's attending physician.				
F116	4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission. Exception: Not required for ICF residents.				
F117	5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission. Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.				
F118	6. Each resident's total program of care including medications must be reviewed and documented by the attending physician at least once every 30 days for the first 90 days and revised as necessary. Exception: Only medications must be reviewed quarterly for ICF residents.				

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NAME OF FACILITY	CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F127	2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral care. Residents are encouraged to engage in self care activity.				
	F128	3. Each resident receives care necessary to prevent skin breakdown.				
	F129	4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing.				
	F130	5. When residents require restraints the application is ordered by the physician, applied properly, and reviewed at least every 2 hours.				
	F131	6. Each resident with incontinence is provided with care necessary to encourage continence including incontinent training and opportunities for rehabilitative training.				
	F132	7. Each resident with a urinary catheter receives proper routine care including periodic evaluation.				
	F133	8. Each resident receives proper care for the following needs: Injections Parenteral Fluids Gastrointestinal Respiratory Care Tracheostomy Care Suctioning Tubing Feeding				
	F134	9. Infection Control Techniques are properly carried out in the provision of care to each resident.				

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NAME OF FACILITY	CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F135	10. Proper nursing and nursing procedures and techniques are used when medications are given to residents.				
	F136	11. Adequate resident care supplies are available for providing treatments.				
	F137	B. Twenty-Four Hour Nursing Service 1. Nursing personnel including registered nurses, licensed practical (vocational) nurses, nurse aides, assistants, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident population. EXCEPTION: Not applicable for ICFs.				
	F138	2. Weekly time schedules are maintained and indicate the number of registered nurses, licensed practical nurses, and nurse aides who worked on each unit for each day of a district unit certification, show the staffing for the IP and, if appropriate, any participating remainder and explain any sharing of nursing personnel. Exception: Not required for Free-standing ICFs.				
	F139	3. There is a sufficient number of nursing staff available to meet the total needs of all residents.				
	F140	4. There is a registered nurse on the duty tour of duty 7 days a week. Exception: Not required for ICF residents.				

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NAME OF FACILITY

NAME OF FACILITY

List the number of full-time equivalents of RN's, LPN's, Assist/Certified assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

SHIFT	CODE	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
DP	F145														
Evening Facility	F146														
DP	F147														
Skilled Facility	F148														
DP	F149														
Evening Facility	F150														

SHIFT	CODE	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
DP															
Evening Facility															
DP															
Evening Facility															
DP															
Skilled Facility															

Form 1027-018 (6-04)

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Form 1027-018 (3-04)

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NAME OF FACILITY

EXPLANATORY STATEMENT

YES NO N/A

NURSING SERVICES

CODE

C. Charge Nurse

SNF (405.11245b) (Standard)  MET  NOT MET

1. A registered nurse or a qualified licensed practical or occupational nurse is designated as charge nurse by the director of nursing for each tour of duty.  
Exception: Not required for ICFA.

2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 80 or more residents.  
Exception: Not required for ICFA.

3. The ICF must have a registered nurse, or a licensed practical or occupational nurse fulltime, 7 days a week, on the duty shift.  
Exception: Not required for SNFs.

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NAME OF FACILITY

CODE	DESCRIPTION	YES	NO	EXPLANATORY STATEMENT
D	PATIENT CARE MANAGEMENT			
F167	SNF 1425.1126(6) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
F168	IQF 1425.341 (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
F169	1 Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consistent with the physician's plan of medical care, and implemented shortly after admission.			
F170	2 Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus <small>REVISOR CHANGES TO THE 2001 OF CARE IN A LONG-TERM CARE FACILITY</small>			
F171	3. Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such services.			
F172	SNF 1425.1126(6) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
F173	1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent breathers, delirium, and constipation.			
F174	2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include:			
F175	(a) Range of motion, ambulation, turning and positioning and other activities;			
F176	(b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities;			
F177	(c) Remotivation therapy and/or reality orientation when appropriate.			
F178	3. These activities are coordinated with other resident care services.			

NAME OF FACILITY

Shift	CODE	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
DAY	F151														
EVENING	F152														
	F153														
	F154														
	F155														
	F156														

STAFFING PATTERN WORKSHEET'S DAY OF SURVEY (OPTIONAL)

ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

DAY	CODE	AM		PM		A	
		REPORT	ACTUAL	REPORT	ACTUAL	REPORT	ACTUAL
EVENING	F157						
NIGHT	F158						

UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

CODE	UNIT		UNIT		UNIT		UNIT		UNIT		
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
DAY	F159										
EVENING	F160										
NIGHT	F161										
CENSUS	F162										

NAME OF FACILITY		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	NURSING SERVICES				
F183	G. Administration of Drugs SNF (05.1124)(J) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F184	ICF (442.207) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F185	1. The resident is identified prior to administration of a drug.				
F186	2. Drugs and biologicals are administered as soon as possible after doses are prepared.				
F187	3. Administration by same person who prepared the doses for administration except under single unit dose package distribution systems.				
F188	Exception: ICF residents may self administer medication only with their physician's permission.				
F189	H. Conformance with Physician Drug Orders SNF (05.1124)(K) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F190	ICF (442.206) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F191	Drugs are administered in accordance with written orders of the attending physician.				
F192	Drug Error Rate _____ % (See Box IIC2A-512)				
CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F193	F. The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents. SNF (465.1124)(I) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F194	1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings an average of the amount consumed in feedings are obtained and the amount consumed in feedings on a daily basis food and fluid intake is observed and recorded.				
F195	2. Each resident receiving assistance in eating or drinking is provided prompt assistance. Specific feeding devices are available when necessary.				
F196	3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician.				

Form ICF4420 (2-06)

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Form NCF454 (8-06)

Page 3

NAME OF FACILITY	DIETETIC SERVICES	DIETETIC SERVICES (CONDITION OF PARTICIPATION)	YES/NO/NA	EXPLANATORY STATEMENT
	<b>C. Preparation</b> SNF (005.1125(4)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	SNF (405.1125) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F204 1. Food is prepared by methods that conserve its nutritive value and flavor.	ICF (442.302 ) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F205 2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, puréed or in a form which meets individual resident needs.	Indicators A and B apply to this standard for ICFS.		
	F206 3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.	<b>A. Menus and Nutritional Adequacy</b> SNF (005.1125(6)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F207 D. Frequency SNF (005.1125(6)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	Menus are prepared and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.		
	F208 ICF (442.321 ) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	<b>B. Therapeutic Diets</b> SNF (005.1125(6)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F209 1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.	1. Therapeutic diets are prescribed by the attending physician.		
	F210 2. To the extent medically possible, bedtime nourishments are offered to all residents. Exception: Not required for ICF Residents.	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.		
	F211 E. Staffing SNF (405.1125(4)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	Number of Regular Diets _____		
	F212 1. Food service personnel are on duty daily over a period of 12 or more hours.	Number of Therapeutic Diets _____		
	F213	Number of Mechanically Altered Diets _____		
		Number of Tube Feedings _____		

Form HCA150-01-01

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NAME OF FACILITY	DIETETIC SERVICES	DIETETIC SERVICES (CONDITION OF PARTICIPATION)	YES/NO/NA	EXPLANATORY STATEMENT
	<b>C. Preparation</b> SNF (005.1125(4)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	SNF (405.1125) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F204 1. Food is prepared by methods that conserve its nutritive value and flavor.	ICF (442.302 ) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F205 2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, puréed or in a form which meets individual resident needs.	Indicators A and B apply to this standard for ICFS.		
	F206 3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.	<b>A. Menus and Nutritional Adequacy</b> SNF (005.1125(6)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F207 D. Frequency SNF (005.1125(6)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	Menus are prepared and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.		
	F208 ICF (442.321 ) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	<b>B. Therapeutic Diets</b> SNF (005.1125(6)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F209 1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.	1. Therapeutic diets are prescribed by the attending physician.		
	F210 2. To the extent medically possible, bedtime nourishments are offered to all residents. Exception: Not required for ICF Residents.	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.		
	F211 E. Staffing SNF (405.1125(4)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	Number of Regular Diets _____		
	F212 1. Food service personnel are on duty daily over a period of 12 or more hours.	Number of Therapeutic Diets _____		
	F213	Number of Mechanically Altered Diets _____		
		Number of Tube Feedings _____		

Form HCA150-01-01

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NAME OF FACILITY	CODE	SPECIALIZED REHABILITATIVE SERVICES (CONDITION OF PARTICIPATION)	YES/NO/ N/A	EXPLANATORY STATEMENT
	F214	SNF (405.1120) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F213	SNF (405.1120)(L) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F216	ICF (442.343) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET A. Plan of Care		
	F217	Rehabilitative services are provided under a written plan of care, related by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service.		
		B. Therapy		
	F218	Therapy is provided according to orders of the attending physician in accordance with the accepted medical practices by qualified therapists or qualified assistants.		
		C. Progress		
	F219	1. A report on the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. Exception: ICF resident's progress must be reviewed regularly.		

Form HCFA-1012 (2-84)

NAME OF FACILITY	CODE	SPECIALIZED REHABILITATIVE SERVICES (CONDITION OF PARTICIPATION)	YES/NO/ N/A	EXPLANATORY STATEMENT
	F220	2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist. Exception: ICF residents' plans must be revised as necessary.		
	F221	PHARMACEUTICAL SERVICES (CONDITION OF PARTICIPATION) SNF (405.1127) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
		A. Supervision		
	F222	SNF (405.1127)(L) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F223	ICF (442.332) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F224	The pharmacist reviews the drug regimen of each resident at least every 30 days and reports any requirements to the medical director and administrator.		

Form HCFA-1012 (2-84)

NAME OF FACILITY	CODE	PHARMACEUTICAL SERVICES LABORATORY AND BIOLOGIC SERVICES/SOCIAL SERVICES	YES	NO	NA	EXPLANATORY STATEMENT
	F225	<b>B. Labeling of Drugs and Biologicals</b> SNF (465.1127(8)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F226	ICF (442.333) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F227	The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate necessary and cautionary instructions as well as an expiration date when applicable.				
	F228	<b>LABORATORY AND BIOLOGIC SERVICES (CONDITION OF PARTICIPATION)</b> SNF (405.1128) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F229	SNF (405.1128(a)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F230	<b>Provision of Services</b> 1. All services are provided only on the orders of a physician.				
	F231	2. The attending physician is notified promptly of diagnosis findings.				
	F232	3. Speed and date reports of a clinical laboratory, X-ray and other diagnostic services are filed with the resident's medical record.				

NAME OF FACILITY	CODE	SOCIAL SERVICES (CONDITION OF PARTICIPATION)	YES	NO	NA	EXPLANATORY STATEMENT
	F233	<b>A. Plan</b> The medically related social and emotional needs of the resident are identified.				
	F234	<b>B. Provision of Services</b> 1. Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.				
	F235	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.				
	F236	<b>ACTIVITIES (CONDITION OF PARTICIPATION)</b> SNF (405.1131) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F240	<b>Provision of Services</b> SNF (405.1131(b)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				

NAME OF FACILITY	CODE	ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
	F241	ICF (442.345) (Standard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	F242	1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for enjoying in normal pursuits, including religious activities of their choice, if any. 2. Units are contracted for by the attending physicians such that residents are encouraged to participate in the activities program. 3. The activities promote the physical, social and mental well-being of the resident. 4. Equipment is maintained in good working order. 5. Supplies and equipment are available.				
	F243					
	F244					
	F245					
	F246					

Form HCF4518 (2-04)

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NAME OF FACILITY	CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	F247	MEDICAL RECORDS (CONDITION OF PARTICIPATION) SNF (405.1132) (Standard) Constant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	F248	SNF (405.1132)(Standard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	F249	ICF (442.314) (Standard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	F250	1. The medical record contains sufficient information to identify the resident, the date of admission, the date of treatment, and to document orders accurately.				

Form HCF4518 (2-04)

NAME OF FACILITY		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	MEDICAL RECORDS				
	2. The medical record contains the following information:				
F251	a. Identification information				
F252	b. Admission data including past medical and social history				
F253	c. Transfer form, discharge summary from any transferring facility				
F254	d. Report of resident's attending physician				
F255	e. Report of physician's periodic evaluations and progress notes				
F256	f. Reports of physicians' periodic evaluations and progress notes				
F257	g. Diagnostic reports and therapeutic orders				
F258	h. Reports of treatments				
F259	i. Medications administered				
F260	j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.				
F261	k. Assessments and goals of each service's plan of care				
F262	l. Treatments and services rendered				
F263	m. Progress notes				
F264	n. All symptoms and other indicators of illness or injury including date, time and action taken regarding each problem.				

Form 102-002 (04-00) Page 28

NAME OF FACILITY		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	TRANSFER AGREEMENT (CONDITION OF PARTICIPATION)				
F265	SNF (405.1130) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F266	SNF (405.1133)(4) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F267	ICF (442.210) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F268	A. Whenever the attending physician determines that a transfer is medically appropriate between the current facility, the receiving facility and the current facility, admission to the new facility shall be effected in a timely manner.				
F269	B. Information necessary for providing care and treatment to transferred individuals is provided.				

Form 102-002 (04-00) Page 27

NAME OF FACILITY		PHYSICAL ENVIRONMENT		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	PHYSICAL ENVIRONMENT (CONDITION OF PARTICIPATION)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F270	SNF (405.1134)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
<b>A. Nursing Unit</b>							
F271	SNF (405.1134)(g) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F272	1. The unit is properly equipped for preparation and storage of drugs and biologicals.						
F273	2. Utility and storage rooms are adequate in size.						
F274	3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities.						
<b>B. Dining and Activities Area</b>							
F275	SNF (405.1134)(g) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F276	KCF (442.209) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F277	1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size, designated for resident dining and resident activities.						
F278	2. Dining and activity rooms are well lighted and ventilated.						
F279	3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.						

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NAME OF FACILITY		PHYSICAL ENVIRONMENT		YES	NO	N/A	EXPLANATORY STATEMENT
F250	SNF (405.134)(b) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET INDICATORS C AND B APPLY TO THIS STANDARD FOR SNF						
<b>C. Resident Rooms</b>							
F261	ICF (42.320) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F262	1. Single resident rooms have at least 100 square feet.						
F263	2. Multiple resident rooms have no more than four residents and at least 30 square feet per resident.						
F264	3. Each room is equipped with or conveniently located near toilet and bathing facilities.						
F265	4. There is capability of maintaining privacy in each.						
F266	5. There is adequate storage space for each resident.						
F267	6. There is a comfortable and functioning bed and chair plus a functional cabinet and light.						
F268	7. The resident call system functions in resident rooms.						
F269	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents.						
F290	9. Each room is at or above grade level.						
F291	10. Each room has direct access to a corridor and outside exposure. <b>Exception: Not required for ICF residents.</b>						

Form HCF26-01 (2/04)

NAME OF FACILITY	CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	<b>F. Therapy Areas</b>					
	F303	SNF (405.11340) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F304	ICF (442.30840) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F305	1. Space is adequate for proper use of equipment by all residents receiving treatment.				
	F306	2. Equipment is safe and in proper working condition.				
	<b>G. Facilities for Special Care</b>					
	F307	SNF (405.11340) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F308	ICF (442.30860) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F309	1. Single rooms with private toilet and handwashing facilities are available for housing residents.				
	F310	2. Precautionary signs are used to identify these rooms when in use.				
	<b>H. Common Resident Areas</b>					
	F311	SNF (405.11340) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F312	ICF (442.3080) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F313	1. All common resident areas are clean, sanitary and free of odors.				
	F314	2. Provision is made for adequate and comfortable lighting levels in all areas.				
	F315	3. There is limitation of sounds at comfort levels.				

Form HCA 1018 (2-04)

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NAME OF FACILITY	CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	<b>D. Toilet and Bath Facilities</b>					
	F292	ICF (442.308) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F293	1. Facilities are clean, sanitary and free of odors.				
	F294	2. Facilities have safe and comfortable hot water temperatures.				
	F295	3. Facilities maintain privacy.				
	F296	4. Facilities have grab bars and other safeguards against slipping.				
	F297	5. Facilities have fixtures in good condition.				
	F298	6. The resident call system functions in toilet and bath facilities.				
	<b>E. Social Service Area</b>					
	F299	SNF (405.11300) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F300	1. Ensure privacy for social service interviews.				
	F301	2. Adequate space for clerical and non-clerical functions.				
	F302	3. Facilities are easily accessible to residents and staff.				

Form HCA 1018 (2-04)

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NAME OF FACILITY	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F316	4. A comfortable room temperature is maintained				
F317	5. There is adequate ventilation through windows of mechanical means or a combination of both.				
F318	5. Counters are equipped with firmly secured handrails on each side.				
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				
<b>I. Maintenance of Building and Equipment</b>					
F320	SHF (465.113410) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F321	1. The interior and exterior of the building are clean and orderly.				
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				
F324	4. Resident care equipment is clean and maintained in safe operating condition.				
F325	ICF (442.3310) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET (Indicators J thru L apply to ICF).				
<b>J. Dietetic Service Area</b>					
F326	SHF (465.113410) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F327	1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents.				
F328	2. Kitchen areas are properly ventilated, arranged and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.				

NAME OF FACILITY	CODE	PHYSICAL ENVIRONMENT/INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
		<b>K. INCLUSION OF BETAHP ESRP</b>				
	F329	SNF (405.1121(d)) (Standard) <input type="checkbox"/> Met <input type="checkbox"/> Not Met				
	F330	Electric smoke detector practice high-rise food handling substitute.				
		<b>L. BETAHP SANITARY CONNECTIONS</b>				
	F331	SNF (405.1125(g)) (Standard) <input type="checkbox"/> Met <input type="checkbox"/> Not Met				
	F332	1. Hood is stored, refrigerated, prepared, distributed, and served under sanitary conditions.				
	F333	2. same as statement of practice.				
		<b>H. Emergency Power</b>				
	F334	SNF (405.1134(f)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted.				
	F336	2. Emergency power is adequate at least for lighting in all rooms of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems.				
	F337	3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used.				
		<b>INFECTION CONTROL (CONDITION OF PARTICIPATION)</b>				
	F338	SNF (405.1150) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
		<b>A. Infection Control</b>				
	F339	SNF (405.1150(b)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F340	Aseptic and isolation techniques are followed by all personnel.				

From: NCF 418 (8-86) Page 23

NAME OF FACILITY	CODE	INFECTION CONTROL/DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
		<b>B. Sanitation</b>				
	F341	SNF (405.1135(c)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F342	The facility maintains a safe, clean, and orderly interior.				
		<b>C. Linens</b>				
	F343	SNF (405.1126(f)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F344	ICF (442.327) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.				
	F346	2. Linens are handled, stored, processed, and transported in such a manner as to prevent the spread of infection.				
		<b>D. PEST CONTROL</b>				
	F347	SNF (405.1137(d)) (Standard) <input type="checkbox"/> Met <input type="checkbox"/> Not Met				
	F348	ICF (442.315(c)) (Standard) <input type="checkbox"/> Met <input type="checkbox"/> Not Met				
	F349	The facility is maintained free from insects and rodents.				
		<b>DISASTER PREPAREDNESS (CONDITION OF PARTICIPATION)</b>				
	F350	SNF (405.1130) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F351	SNF (405.1130(f)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F352	ICF (442.310) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
		Indicators a, web & apply to this standard for IC72.				
		<b>A. Disaster Plan</b>				
	F353	1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.				

From: NCF 418 (8-86) Page 24

NAME OF FACILITY	DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
P334	2. Facility staff are knowledgeable about evacuation routes.				
P335	3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.				
P336	4. Facility staff are aware of methods of containing fire.				
	<b>B. Drills</b>				
P337	SNF (405.1195b) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
P338	1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster.				
P339	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.				

Form HCFA-1119 (2-88)

**SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY**

SURVEY REPORT - PART 9

CRUCIAL DATA EXTRACT

(To be used with 2-88 Revision of Form HCFA-616)

PROVIDER NO.	FACILITY NAME	SURVEY DATE
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**SURVEY TEAM COMPOSITION**

\*F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:

A. _____ ADMINISTRATOR	H. _____ LIFE SAFETY CODE SPECIALIST
B. _____ NURSE	I. _____ LABORATORIAN
C. _____ DIETITIAN	J. _____ SANITARIAN
D. _____ PHARMACIST	K. _____ THERAPIST
E. _____ RECORDS ADMINISTRATOR	L. _____ PHYSICIAN
F. _____ SOCIAL WORKER	M. _____ NATIONAL INSTITUTE OF MENTAL HEALTH
G. _____ QUALIFIED MENTAL RETARDATION PROFESSIONAL	N. _____ OTHER

NOTE: MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.

\*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: \_\_\_\_\_

\*F133 DRUG ERROR RATE: \_\_\_\_\_% (Round % to nearest whole number.)

\*SPS Survey Form Indicator (Check one)

Traditional Survey  (1)

New LTC Survey  (2)

NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.

\*Mandatory

Form HCFA-1119 (2-88)

U.S. GOVERNMENT PRINTING OFFICE : 1986 O - 353-203 : G1 3

STATEMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED  
OMB NO. 0938-0046

RESIDENTS SELECTED FOR INDEPTH REVIEW

PROVIDER NUMBER: \_\_\_\_\_ SURVEY DATE: \_\_\_\_\_

PROVIDER NUMBER	RESIDENT NAME (LAST, FIRST)	ROOM NUMBER	REASON FOR SELECTION
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

FORM HCA-5074 (01/08) \* NOT TO BE USED FOR INPATIENT

STATEMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED  
OMB NO. 0938-0046

TOUR NOTES WORKSHEET

PROVIDER NUMBER: \_\_\_\_\_ SURVEY DATE: \_\_\_\_\_

INSTRUCTIONS

1. Note care and problems, if care not as usual  
2. Report deficiencies or correct to survey report form or evaluate further during on-site survey session  
3. Select a representative number from each section  
4. Select a representative number from each section

CONSERVE RESIDENTS FOR THE FOLLOWING CARE PROBLEMS

ROOMING/HYGIENE

FOOD/DIET

ASSISTIVE DEVICES

AMBULATION

RESTRAINTS

HYDRATION

INFECTION CONTROL

PATIENT RIGHTS

OTHER

FORM HCA-5075 (01/08)

OBSERVATION / INTERVIEW RECORD REVIEW WORKSHEET

PROVIDER NUMBER: \_\_\_\_\_ SURVEY DATE: \_\_\_\_\_ OBSERVATION/INTERVIEW OF RESIDENT IDENTIFIER: \_\_\_\_\_

INSTRUCTIONS

1. Observe each resident in sample to identify ATE needs and potential problems. Check appropriate boxes.
2. Interview only residents in sample who are alert and willing.
3. Review each resident's record to assure assessments, plans, interventions and evaluations are appropriate and current.
4. Note deficiencies on survey report form after reviewing all residents in sample.

ADLs	COMMUNICATIONAL	RESOURCES	DIAGNOSIS/ILLNESS	ADAPTATION	REGULATION NEEDS	SAFETY NEEDS
<input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Feeding <input type="checkbox"/> Grooming <input type="checkbox"/> Walking <input type="checkbox"/> Transferring <input type="checkbox"/> Toileting <input type="checkbox"/> Continence <input type="checkbox"/> Feeding <input type="checkbox"/> Mobility <input type="checkbox"/> Transfer <input type="checkbox"/> Bed Area <input type="checkbox"/> Risk Area <input type="checkbox"/> Mobility <input type="checkbox"/> Transfer <input type="checkbox"/> Bed Area <input type="checkbox"/> Risk Area	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Taste <input type="checkbox"/> Smell <input type="checkbox"/> Touch <input type="checkbox"/> Pain <input type="checkbox"/> Temperature <input type="checkbox"/> Humidity <input type="checkbox"/> Light <input type="checkbox"/> Sound <input type="checkbox"/> Vibration <input type="checkbox"/> Air Quality <input type="checkbox"/> Noise <input type="checkbox"/> Light <input type="checkbox"/> Sound <input type="checkbox"/> Vibration <input type="checkbox"/> Air Quality <input type="checkbox"/> Noise	<input type="checkbox"/> Personal Care <input type="checkbox"/> Clothing <input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Shelter <input type="checkbox"/> Transportation <input type="checkbox"/> Financial <input type="checkbox"/> Social <input type="checkbox"/> Cultural <input type="checkbox"/> Religious <input type="checkbox"/> Spiritual <input type="checkbox"/> Recreational <input type="checkbox"/> Educational <input type="checkbox"/> Vocational <input type="checkbox"/> Professional <input type="checkbox"/> Community <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Homeless <input type="checkbox"/> In Prison <input type="checkbox"/> In Custody <input type="checkbox"/> In Military <input type="checkbox"/> In Hospital <input type="checkbox"/> In Nursing Home <input type="checkbox"/> In Assisted Living <input type="checkbox"/> In Residential Care <input type="checkbox"/> In Long-Term Care <input type="checkbox"/> In Hospice <input type="checkbox"/> In Palliative Care <input type="checkbox"/> In End-of-Life Care	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Functional <input type="checkbox"/> Psychological <input type="checkbox"/> Behavioral <input type="checkbox"/> Environmental <input type="checkbox"/> Infectious <input type="checkbox"/> Non-Infectious <input type="checkbox"/> Traumatic <input type="checkbox"/> Degenerative <input type="checkbox"/> Developmental <input type="checkbox"/> Genetic <input type="checkbox"/> Autoimmune <input type="checkbox"/> Endocrine <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Respiratory <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological <input type="checkbox"/> Hematological <input type="checkbox"/> Immunological <input type="checkbox"/> Oncological <input type="checkbox"/> Dermatological <input type="checkbox"/> Ophthalmological <input type="checkbox"/> Otorhinolaryngological <input type="checkbox"/> Urological <input type="checkbox"/> Gynecological <input type="checkbox"/> Obstetrical <input type="checkbox"/> Pediatric <input type="checkbox"/> Geriatric <input type="checkbox"/> Gerontological <input type="checkbox"/> Geropsychiatry <input type="checkbox"/> Geropsychology <input type="checkbox"/> Geropsychology <input type="checkbox"/> Geropsychology <input type="checkbox"/> Geropsychology	<input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Environmental <input type="checkbox"/> Social <input type="checkbox"/> Cultural <input type="checkbox"/> Religious <input type="checkbox"/> Spiritual <input type="checkbox"/> Recreational <input type="checkbox"/> Educational <input type="checkbox"/> Vocational <input type="checkbox"/> Professional <input type="checkbox"/> Community <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Homeless <input type="checkbox"/> In Prison <input type="checkbox"/> In Custody <input type="checkbox"/> In Military <input type="checkbox"/> In Hospital <input type="checkbox"/> In Nursing Home <input type="checkbox"/> In Assisted Living <input type="checkbox"/> In Residential Care <input type="checkbox"/> In Long-Term Care <input type="checkbox"/> In Hospice <input type="checkbox"/> In Palliative Care <input type="checkbox"/> In End-of-Life Care	<input type="checkbox"/> Personal Care <input type="checkbox"/> Clothing <input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Shelter <input type="checkbox"/> Transportation <input type="checkbox"/> Financial <input type="checkbox"/> Social <input type="checkbox"/> Cultural <input type="checkbox"/> Religious <input type="checkbox"/> Spiritual <input type="checkbox"/> Recreational <input type="checkbox"/> Educational <input type="checkbox"/> Vocational <input type="checkbox"/> Professional <input type="checkbox"/> Community <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Homeless <input type="checkbox"/> In Prison <input type="checkbox"/> In Custody <input type="checkbox"/> In Military <input type="checkbox"/> In Hospital <input type="checkbox"/> In Nursing Home <input type="checkbox"/> In Assisted Living <input type="checkbox"/> In Residential Care <input type="checkbox"/> In Long-Term Care <input type="checkbox"/> In Hospice <input type="checkbox"/> In Palliative Care <input type="checkbox"/> In End-of-Life Care	<input type="checkbox"/> Personal Care <input type="checkbox"/> Clothing <input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Shelter <input type="checkbox"/> Transportation <input type="checkbox"/> Financial <input type="checkbox"/> Social <input type="checkbox"/> Cultural <input type="checkbox"/> Religious <input type="checkbox"/> Spiritual <input type="checkbox"/> Recreational <input type="checkbox"/> Educational <input type="checkbox"/> Vocational <input type="checkbox"/> Professional <input type="checkbox"/> Community <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Homeless <input type="checkbox"/> In Prison <input type="checkbox"/> In Custody <input type="checkbox"/> In Military <input type="checkbox"/> In Hospital <input type="checkbox"/> In Nursing Home <input type="checkbox"/> In Assisted Living <input type="checkbox"/> In Residential Care <input type="checkbox"/> In Long-Term Care <input type="checkbox"/> In Hospice <input type="checkbox"/> In Palliative Care <input type="checkbox"/> In End-of-Life Care

PHYSICIAN SERVICES

Admission Evaluation  
 Rehabilitation Information  
 Physical Exam  
 Written Care Plan  
 Sign Orders/Notes  
 Required Tests  
 Emergency Availability  
 Name of Care

NOTES:

Form HCCA 031 01 099

HEALTHCARE

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FORM APPROVED  
OMB NO. 0938-0046

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

**DRUG PASS WORKSHEET**

PRN/ISSUE NUMBER \_\_\_\_\_ SUPPLY DATE \_\_\_\_\_ **ERROR RATE**

**INSTRUCTIONS**

1. Achieve Drug Pass Observations on 20 Residents
2. Observe administration of each opportunity
3. Record observations on Drug Pass Report Sheets
4. Calculate and Note Error Rate
5. Note Deficiencies on Supply Report Form

**DEFICIENCY FORMULA**

1. One or more Significant Errors = Deficiency  
 2. Significant = Non-significant  
 3. Does not count = Does not count for New Open X 100  
 4. 0% = Deficiency

IDENTIFIER	POUR	PASS	RECORD
RESIDENT'S FULL NAME, ROOM NUMBER, TIME	DRUG PRESCRIPTION NAME, DOSE AND FORM	OBSERVATION OF ADMINISTRATION	DRUG LISTED WRITTEN AS (IF DIFFERS FROM ADMINIS ONLY)

FORM HCF-102 (3-96)

**DRUG ERROR CALCULATION**  
(SEE SOM Appendix N Part 2)

**How to Calculate a Medication Error Rate**—In calculating the percentage of errors, the numerator in the ratio is the total number of errors that you observe, both significant and non-significant. The denominator is all the doses observed being administered plus the doses ordered but not administered. The equation for calculating a medication error rate is as follows:

$$\text{Medication Error Rate} = \frac{\text{Number of errors observed}}{\text{Opportunities for errors}} \times 100$$

Where: Opportunities for errors equals the number of doses administered plus the number of doses ordered but not administered.

**Comments**

For example, you observed the administration of drugs to 20 patients. There were a total of 47 drugs administered (47 opportunities for errors). At the completion of the reconciliation of your Observations with the physicians' orders, you find that three medication errors were made in administration and one medication was omitted (ordered but not administered). The omitted dose is included in both the numerator and the denominator. Therefore, following the above formula, your equation would be as follows:

$$\frac{3 + 1}{47 + 1} \times 100 = 8.3\%$$

HCF-102 (3-96) (REV. 12-96)



**DINING AREA & EATING ASSISTANCE WORKSHEET**

**FORM APPROVED**  
OMB NO. 0938-0046

PROJECT NUMBER \_\_\_\_\_ SUBJECT DATE \_\_\_\_\_

INS TRUCTIONS

TABLES 1. Observe Dining Area  
2. Note Meals Served/Resident Physician Orders  
3. Note Assistance Provided  
4. Note Observations on Survey Summary Form

TABLES A MINIMUM OF 10% OF RESIDENTS

**1. DINING AREA AND MEALS**

- a. Size does not restrict movement.
- b. Accommodates all residents.
- c. Cleanliness.
- d. Adequate/comfortable lighting.
- e. Adequate/comfortable ventilation.

**2. SERVING OF MEALS \***

- a. Number of machines span between meal.
- b. Conformance to physician order.
- c. Nutritional adequacy.
- d. Adequacy of portions.
- e. Residents eat approximately 75% of meals.
- f. Puree diets served individually.
- g. Food cut, chopped or ground for individual resident needs.
- h. Acceptable taste.
- i. Proper temperature.
- j. Plates covered.

- k. Served promptly.
- l. Residents ready for meal when served.
- m. Attractive.
- n. Utensils available.
- o. Functional trays for bedfast residents.
- p. Salt, pepper, sugar, other condiments on resident's trays unless contraindicated.
- q. Medically able residents eating in dining area.
- r. Bedtime nourishment offered.

**3. SUPERVISION OF RESIDENT NUTRITION**

- a. Prompt assistance.
- b. Proper assistance (non-feeding, supervision or instruction to develop eating skills).
- c. Courteous and unhurried assistance.
- d. Self-help devices present (straws, easy grip utensils, special cup, etc.).
- e. Intake record/observations from normal are reported.

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