

# **The New Survey Process – What To Expect**

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# DEPARTMENT OF HEALTH ENFORCEMENT TRENDS

# How to Read State Tags

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

# DOH CMPs Per Year

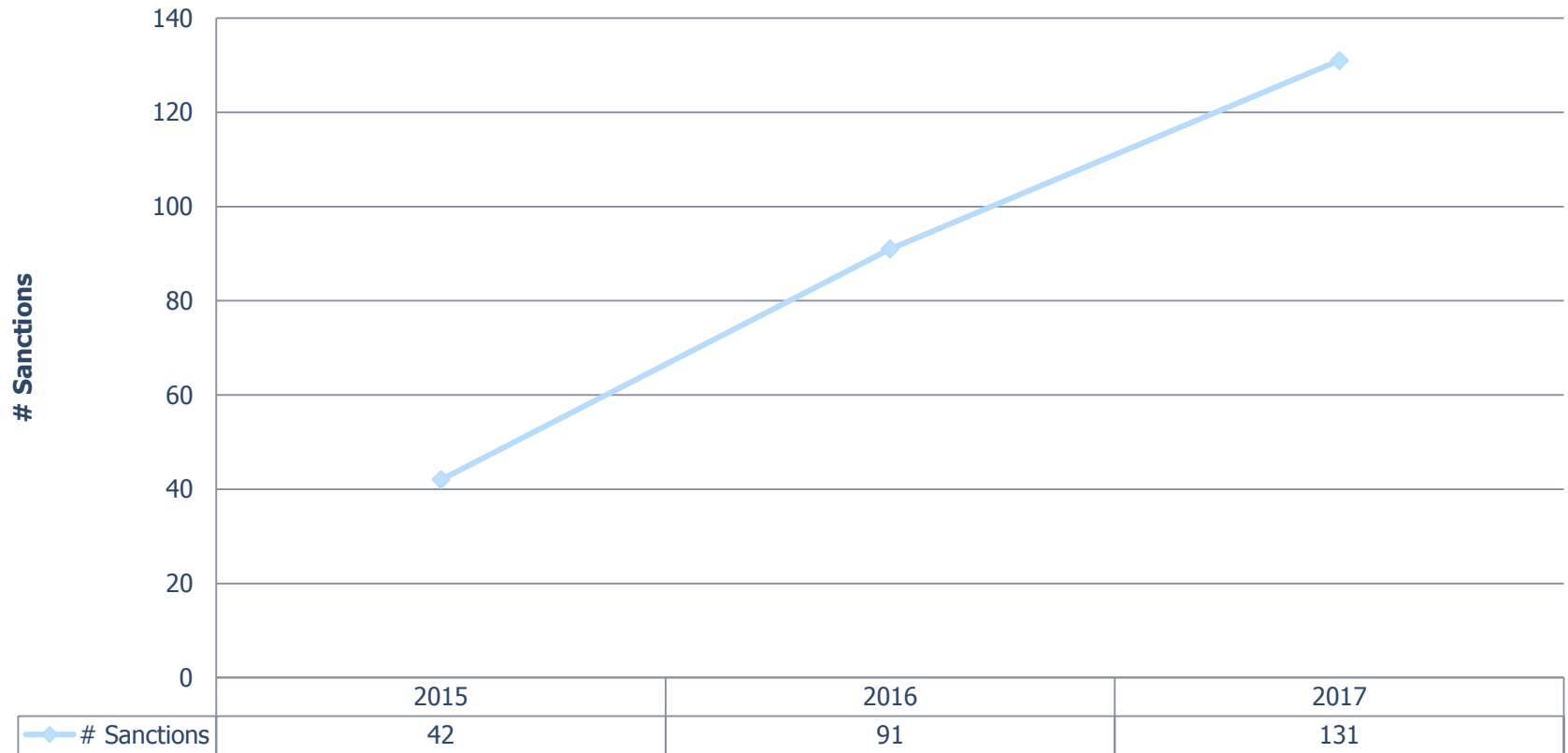
<b>2014-2017</b>	
<b>2014</b>	\$79,250.00
<b>2015</b>	\$170,050.00
<b>2016</b>	\$412,200.00
<b>2017</b>	\$2,019,750.00
<b>Total</b>	\$2,664,000.00

# DOH CMPs Per Quarter

	1Q	2Q	3Q	4Q
2014	\$ 34,750.00	\$ 2,000.00	\$ 9,000.00	\$ 16,250.00
2015	\$ 29,000.00	\$ 3,500.00	\$ 59,250.00	\$ 78,300.00
2016	\$ 32,950.00	\$ 74,450.00	\$ 166,800.00	\$ 138,000.00
2017	\$ 570,250.00	\$ 227,250.00	\$ 13,500.00	\$ 1,208,750.00
Total	\$ 666,950.00	\$ 307,200.00	\$ 248,550.00	\$ 1,441,300.00

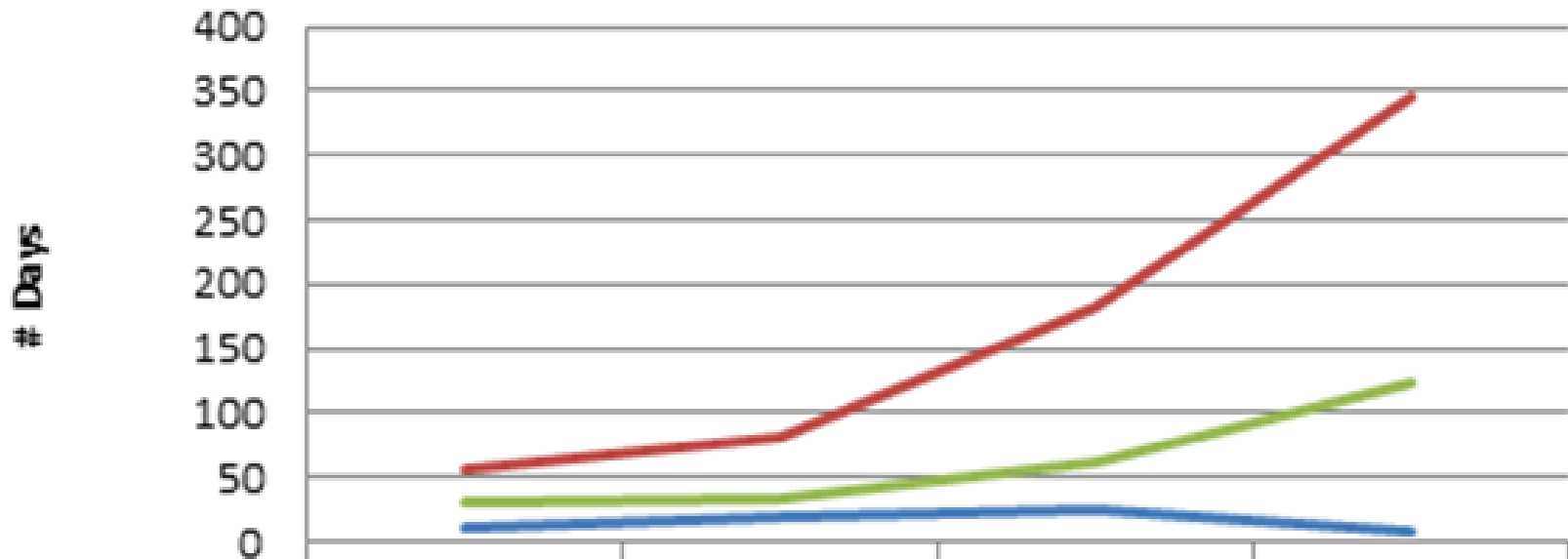
# Total Number of DOH CMPs Per Year

## Total # CMPs per Year



# Days Between Exit And Sanction

## Days Between Exit And Sanction



	2014	2015	2016	2017
Min 9	11	20	25	9
Max 345	56	81	183	345
Avg 84	31	34	63	122

# DOH CMPs 12/2017

- 7 SNF CMPs = \$1,204,250
- 288% more than all CMPS in 2016
- 1,942% more than all CMPs in 2014



# CHANGES IN THE CMS SURVEY PROCESS

# Revision to CMP Policies and Analytic Tool

- CMS S&C: 17-37-NH (eff date July 17, 2017)
  - Per instance CMP for all past noncompliance
  - Per instance CMP is default for noncompliance that existed before the survey and is ongoing (except IJ w/ actual harm; abuse with actual harm; repeat tag at s/s "G" or higher; s/s H or I)
- Facilities with good survey history may avoid daily CMP if G or J involves a singular event

# Revision to CMP Policies and Analytic Tool

- Like under previous tool, facilities with repeats, pattern of G or above, or with more than five deficiencies will receive higher fines
- Regional Office cannot adjust a penalty more than 35% without Central Office's approval
- If fine  $> \$250,000$ , Central Office must approve
- Hardship request must be timely

# Survey Status, ROPs & SOM

- New State Operations Manual (SOM) for Phases One and Two revised Nov. 22, 2017, effective Nov. 28, 2017
- Surveyors trained on “new” survey process
  - New survey forms continue to be generated
- November 28, 2019 – Phase Three implementation

# New Survey Process

- Combines the “best” of the traditional and QIS surveys
- All surveys will be automated
  - Surveyors will have laptops or tablets
  - Surveyors’ on-line training available to the public

# New Computer-Based Survey Process

- Three parts to new survey process:
  - Initial pool process: (70% computer driven—MDS)
  - Sample selection
  - Investigation: Observations, interviews, mandatory facility tasks, critical element pathways, record review

# New SOM and Enforcement Delay

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

S&C: 18-04-NH issued Nov. 24, 2017

# Temporary Enforcement Delays

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



# Temporary Enforcement Delays

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

# Mandatory Survey Tasks

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

# Critical Element Pathways

Beneficiary Notice  
Dining  
Infection Prevention  
Control and Immunization  
Kitchen  
Med Admin  
Resident Council  
QAA and QAPI  
Abuse  
Environment  
Sufficient and Competent  
Staff

Personal Funds  
Activities  
Activities of Daily Living  
Behavioral-Emotional  
Urinary Catheter or UTI  
Comm-Sensory  
Dental  
Dialysis  
General  
Hospice and End of Life  
Death

# Critical Element Pathways

Nutrition

Pain Management

Physical Restraints

Pressure Ulcer

Rehab and Restorative

Respiratory Care

Unnecessary Medications

Medication Storage

PASARR

Extended Survey

Hydration

Tube Feeding

Positioning, Mobility, ROM

Hospitalization

Bladder & Bowel Incontinence

Accidents

Neglect

Resident Assessment

Discharge

Dementia Care

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

# CMS Surveyor Training

- “A review of sufficient and competent nurse staffing will be conducted on every survey. This task is required to be investigated on every survey since surveyors are always considering whether staffing issues can be linked to resident complaints, or quality of life (QOL) and care (QOC) concerns. In addition, Phase 2 of the new rule puts a lot of emphasis not only on sufficient numbers of staff, but also the competence of staff.”

# Focus on Sufficient Competent Staff and Resident-Centered Care

- Quality issues trigger many questions about staffing: Sufficiency, competency, evaluations
- Was the issue the subject of QA and PI?
- Are the care plans individualized? (Automatic “F” SQC in Region V if just the typical E record)
- Does everyone on the team know and understand the residents’ care needs consistent with their roles
- Does the resident have a “voice”

# Facility Assessment

- Facility assessment contains a description of:
  - Resident population and care required
  - Staff competence (including outside contractors and volunteers consistent with their roles)
  - Physical environment and equipment
  - Ethnic, cultural and religion considerations

# Facility Assessment

- Type of services provided
- Contracts with third parties to provide services or equipment during normal operations and emergencies
- Health information technology resources
- Facility and community-based risk assessment using an all-hazards approach (e.g. emergency preparedness plan)



# Facility Assessment Is Integrated Throughout the Regulations

- Examples:
  - Sufficient staff
  - Specialized Training
  - Neglect Guidance references “structures” (or lack thereof) that promote neglect
  - Admission Policy – Limitations and Special Characteristics
  - QAPI should be tailored to services and population identified in the Facility Assessment
  - Compliance Programs

# Facility Assessment Tips

- CMS Tool: Not mandatory
- Will need to be produced in the Entrance Conference
- Must review and update annually and any time “substantial change” indicates

# Responsibility of Governing Body for QAPI

- Ensuring QAPI Program exists and is operational
- Ensuring adequate resources to support the Program
- Ensuring Program sets priorities that reflect resident and staff input
- Ensuring that corrective action is taken to address gaps in systems
- Outlining clear expectations for resident safety, quality, rights, choice and respect

# Areas of Focus: Admissions; Resident Grievances

- Admission Processes
  - Handling responsibility for lost items
  - Communicating visitation policy up front
  - Identifying special characteristics and limitations of the facility and abiding by them in admission procedures
- Grievances and Resident Council
  - Complaints vs. Communication
  - Written Grievances Decisions
  - Facility response to resident council documented/communicated?

# Areas of Focus: Discharge Practices

- Review discharge forms and practices (including bed holds)
  - Hospital transfers – Need to provide notice and appeal rights (Guidance says up to 24 hours for emergencies/up to a month for Ombudsman copy)
  - Bed hold information necessary at admission and at time of transfer
  - Private pay failure to hold bed will not allow facility to treat return as a new admission

# Areas of Focus: Restraints; Resident Representatives

- Restraints – F604, 483.12(a)(2)
  - Position change alarms
  - Side rail enablers
- Understanding the authority and limits or authority of Guardian, Powers of Attorney, Resident Representatives –
- F551, 483.10(b)(6)
  - Must report to state if resident representative is making decisions not in the best interest of resident

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

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

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

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



# Abuse Reporting Guidelines

	F608 42 CFR 483.12(b)(5) and Section 1150B of the Act (ELDER JUSTICE ACT)	F609 42 CFR 483.12(c)
<b>What?</b>	Any reasonable suspicion of a crime against a resident	<p>1) All alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property</p> <p>2) The results of all investigations of alleged violations</p>
<b>Who is required to report?</b>	Any covered individual, including the owner, operator, employee, manager, agent or contractor of the facility	The facility
<b>To whom?</b>	State Survey Agency (SA) and one or more law enforcement entities for the political subdivision in which the facility is located (i.e., police, sheriffs, detectives, public safety officers; corrections personnel; prosecutors; medical examiners; investigators; and coroners)	The facility administrator and to other officials in accordance with State law, including to the SA and the adult protective services where state law provides for jurisdiction in long-term care facilities
<b>When?</b>	<p>Serious bodily injury- Immediately but not later than 2 hours* after forming the suspicion</p> <p>No serious bodily injury-not later than 24* hour</p>	<p>All alleged violations-Immediately but not later than</p> <p>1) 2 hours- if the alleged violation involves abuse or results in serious bodily injury</p> <p>2) 24 hours- if the alleged violation does not involve abuse and does not result in serious bodily injury.</p>

# Elder Justice Reporting Requirements

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

# Elder Justice Act Reporting: Be Prepared For The Media

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

# Areas of Focus: Volunteers

- For purposes of this guidance, “staff” includes employees, the medical director, consultants, contractors, and volunteers. Staff would also include caregivers who provide care and services to residents on behalf of the facility, students in the facility’s nurse aide training program, and students from affiliated academic institutions, including therapy, social, and activity programs.  
F600 (Abuse, neglect)

# Screening Volunteers

- “The facility’s policies must also address how pre-screening occurs for prospective consultants, contractors, volunteers, caregivers and students in its nurse aide training program and students from affiliated academic institutions, including therapy, social, and activity programs. The facility should require these individuals to be subject to the same scrutiny prior to placement in the facility, whether screened by the facility itself, the third-party agency, or academic institution. The facility should maintain documentation of the screening that has occurred.”

# Volunteers

- “Training of staff, residents, family members and volunteers on the proper use of assistive devices/equipment is crucial to prevent accidents.”
- Compliance program must “set out the consequences for committing violations for the operating organization's entire staff; . . . Including volunteers, consistent with the volunteers' expected roles.”
- Volunteers must be educated about compliance program

# Volunteers Must Be Trained

- F940 “A facility must develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility assessment . . . .”
- Some requirements implemented in Phase 3

# Volunteer Abuse Training: F943

(eff. Nov. 2017)

- Training must address:
  - Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property
  - Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property
  - Dementia management and resident abuse prevention



# Prepare Now

- Review staffing competency and evaluation processes
- Print the CE Pathways and distribute to appropriate team members
- Talk to residents, families and staff
- Forewarned is forearmed!

# Links to Key Documents

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

# Links to Key Documents

- CMS S&C: 17-37-NH  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-37.pdf>
- Sample Facility Assessment Tool:  
[http://qioprogram.org/sites/default/files/editors/141/Facility\\_Assessment\\_2017\\_08\\_18\\_Final.docx](http://qioprogram.org/sites/default/files/editors/141/Facility_Assessment_2017_08_18_Final.docx)

# Links to Key Documents

- Critical element pathways:  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

## Federal Regulatory Groups for Long Term Care Facilities

\* Substandard quality of care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red

### F540 Definitions

#### 483.10 Resident Rights

- F550 \*Resident Rights/Exercise of Rights
- F551 Rights Exercised by Representative
- F552 Right to be Informed/Make Treatment Decisions
- F553 Right to Participate in Planning Care
- F554 Resident Self-Admin Meds-Clinically Appropriate
- F555 Right to Choose/Be Informed of Attending Physician
- F557 Respect, Dignity/Right to have Personal Property
- F558 \*Reasonable Accommodations of Needs/Preferences
- F559 \*Choose/Be Notified of Room/Roommate Change
- F560 Right to Refuse Certain Transfers
- F561 \*Self Determination
- F562 Immediate Access to Resident
- F563 Right to Receive/Deny Visitors
- F564 Inform of Visitation Rights/Equal Visitation Privileges
- F565 \*Resident/Family Group and Response
- F566 Right to Perform Facility Services or Refuse
- F567 Protection/Management of Personal Funds
- F568 Accounting and Records of Personal Funds
- F569 Notice and Conveyance of Personal Funds
- F570 Surety Bond - Security of Personal Funds
- F571 Limitations on Charges to Personal Funds
- F572 Notice of Rights and Rules
- F573 Right to Access/Purchase Copies of Records
- F574 Required Notices and Contact Information
- F575 Required Postings
- F576 Right to Forms of Communication with Privacy
- F577 Right to Survey Results/Advocate Agency Info
- F578 Request/Refuse/Discontinue Treatment:Formulate Adv Di
- F579 Posting/Notice of Medicare/Medicaid on Admission
- F580 Notify of Changes (Injury/Decline/Room, Etc.)
- F582 Medicaid/Medicare Coverage/Liability Notice
- F583 Personal Privacy/Confidentiality of Records
- F584 \*Safe/Clean/Comfortable/Homelike Environment
- F585 Grievances
- F586 Resident Contact with External Entities

### 483.12 Freedom from Abuse, Neglect, and Exploitation

- F600 \*Free from Abuse and Neglect
- F602 \*Free from Misappropriation/Exploitation
- F603 \*Free from Involuntary Seclusion
- F604 \*Right to be Free from Physical Restraints
- F605 \*Right to be Free from Chemical Restraints
- F606 \*Not Employ/Engage Staff with Adverse Actions
- F607 \*Develop/Implement Abuse/Neglect, etc. Policies
- F608 \*Reporting of Reasonable Suspicion of a Crime
- F609 \*Reporting of Alleged Violations
- F610 \*Investigate/Prevent/Correct Alleged Violation

### 483.15 Admission, Transfer, and Discharge

- F620 Admissions Policy
- F621 Equal Practices Regardless of Payment Source
- F622 Transfer and Discharge Requirements
- F623 Notice Requirements Before Transfer/Discharge
- F624 Preparation for Safe/Orderly Transfer/Discharge
- F625 Notice of Bed Hold Policy Before/Upon Transfer
- F626 Permitting Residents to Return to Facility

### 483.20 Resident Assessments

- F635 Admission Physician Orders for Immediate Care
- F636 Comprehensive Assessments & Timing
- F637 Comprehensive Assmt After Significant Change
- F638 Quarterly Assessment At Least Every 3 Months
- F639 Maintain 15 Months of Resident Assessments
- F640 Encoding/Transmitting Resident Assessment
- F641 Accuracy of Assessments
- F642 Coordination/Certification of Assessment
- F644 Coordination of PASARR and Assessments
- F645 PASARR Screening for MD & ID
- F646 MD/ID Significant Change Notification

### 483.21 Comprehensive Resident Centered Care Plans

- F655 Baseline Care Plan
- F656 Develop/Implement Comprehensive Care Plan
- F657 Care Plan Timing and Revision
- F658 Services Provided Meet Professional Standards
- F659 Qualified Persons
- F660 Discharge Planning Process
- F661 Discharge Summary

### 483.24 Quality of Life

- F675 \*Quality of Life
- F676 \*Activities of Daily Living (ADLs)/ Maintain Abilities
- F677 \*ADL Care Provided for Dependent Residents
- F678 \*Cardio-Pulmonary Resuscitation (CPR)
- F679 \*Activities Meet Interest/Needs of Each Resident
- F680 \*Qualifications of Activity Professional

### 483.25 Quality of Care

- F684 \*Quality of Care
- F685 \*Treatment/Devices to Maintain Hearing/Vision
- F686 \*Treatment/Svcs to Prevent/Heal Pressure Ulcers
- F687 \*Foot Care
- F688 \*Increase/Prevent Decrease in ROM/Mobility
- F689 \*Free of Accident Hazards/Supervision/Devices
- F690 \*Bowel/Bladder Incontinence. Catheter. UTI
- F691 \*Colostomy, Urostomy, or Ileostomy Care
- F692 \*Nutrition/Hydration Status Maintenance
- F693 \*Tube Feeding Management/Restore Eating Skills
- F694 \*Parenteral/IV Fluids
- F695 \*Respiratory/Tracheostomy care and Suctioning
- F696 \*Prostheses
- F697 \*Pain Management
- F698 \*Dialysis
- F699 \*(PHASE-3) Trauma Informed Care
- F700 \*Bedrails

### 483.30 Physician Services

- F710 Resident's Care Supervised by a Physician
- F711 Physician Visits- Review Care/Notes/Order
- F712 Physician Visits-Frequency/Timeliness/Alternate NPPs
- F713 Physician for Emergency Care. Available 24 Hours
- F714 Physician Delegation of Tasks to NPP
- F715 Physician Delegation to Dietitian/Therapist

### 483.35 Nursing Services

- F725 Sufficient Nursing Staff
- F726 Competent Nursing Staff
- F727 RN 8 Hrs/7 days/Wk. Full Time DON
- F728 Facility Hiring and Use of Nurse
- F729 Nurse Aide Registry Verification, Retraining

## Federal Regulatory Groups for Long Term Care Facilities

\* Substandard quality of care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red

F730 Nurse Aide Perform Review – 12Hr/Year In- service  
 F731 Waiver-Licensed Nurses 24Hr/Dav and RN Coverage  
 F732 Posted Nurse Staffing Information

### 483.40 Behavioral Health Services

F740 Behavioral Health Services  
 F741 Sufficient/Competent Staff-Behav Health Needs  
 F742 \*Treatment/Svc for Mental/Psychosocial Concerns  
 F743 \*No Pattern of Behavioral Difficulties Unless Unavoidable  
 F744 \*Treatment /Service for Dementia  
 F745 \*Provision of Medically Related Social Services

### 483.45 Pharmacy Services

F755 Pharmacy Svcs/Procedures/Pharmacist/Records  
 F756 Drug Regimen Review, Report Irregular, Act On  
 F757 \*Drug Regimen is Free From Unnecessary Drugs  
 F758 \*Free from Unnec Psychotropic Meds/PRN Use  
 F759 \*Free of Medication Error Rates of 5% or More  
 F760 \*Residents Are Free of Significant Med Errors  
 F761 Label/Store Drugs & Biologicals

### 483.50 Laboratory, Radiology, and Other Diagnostic Se

F770 Laboratory Services  
 F771 Blood Blank and Transfusion Services  
 F772 Lab Services Not Provided On-Site  
 F773 Lab Svcs Physician Order/Notifv of Results  
 F774 Assist with Transport Arrangements to Lab Svcs  
 F775 Lab Reports in Record-LabName/Address  
 F776 Radiologv/Other Diagnostic Services  
 F777 Radiologv/Diag. Svcs Ordered/Notifv Results  
 F778 Assist with Transport Arrangements to Radiologv  
 F779 X-Ray/Diagnostic Report in Record-Sign/Dated

### 483.55 Dental Services

F790 Routine/Emergency Dental Services in SNFs  
 F791 Routine/Emergency Dental Services in NFs

### 483.60 Food and Nutrition Services

F800 Provided Diet Meets Needs of Each Resident  
 F801 Qualified Dietary Staff  
 F802 Sufficient Dietary Support Personnel  
 F803 Menus Meet Res Needs/Prep in Advance/Followed  
 F804 Nutritive Value/Appear Palatable/Prefer Temp  
 F805 Food in Form to Meet Individual Needs

F806 Resident Allergies, Preferences and Substitutes  
 F807 Drinks Avail to Meet Needs/Preferences/ Hvdration  
 F808 Therapeutic Diet Prescribed by Physician  
 F809 Frequency of Meals/Snacks at Bedtime  
 F810 Assistive Devices - Eating Equipment/Utensils  
 F811 Feeding Asst -Training/Supervision/Resident  
 F812 Food Procurement, Store/Prepare/Serve - Sanitary  
 F813 Personal Food Policy  
 F814 Dispose Garbage & Refuse Properly

### 483.65 Specialized Rehabilitative Services

F825 Provide/Obtain Specialized Rehab Services  
 F826 Rehab Services- Physician Order/Qualified Person

### 483.70 Administration

F835 Administration  
 F836 License/Comply w/Fed/State/Local Law/Prof Std  
 F837 Governing Body  
 F838 Facility Assessment  
 F839 Staff Qualifications  
 F840 Use of Outside Resources  
 F841 Responsibilities of Medical Director  
 F842 Resident Records - Identifiable Information  
 F843 Transfer Agreement  
 F844 Disclosure of Ownership Requirements  
 F845 Facility closure-Administrator  
 F846 Facility closure  
 F849 Hospice Services  
 F850 \*Qualifications of Social Worker >120 Beds  
 F851 Payroll Based Journal

### 483.75 Quality Assurance and Performance Improvem

F865 QAPI Program/Plan, Disclosure/Good Faith Attempt  
 F866 (PHASE-3) QAPI/QAA Data Collection and Monitoring  
 F867 QAPI/QAA Improvement Activities  
 F868 QAA Committee

### 483.80 Infection Control

F880 Infection Prevention & Control  
 F881 Antibiotic Stewardship Program  
 F882 (PHASE-3) Infection Preventionist Qualifications/Role  
 F883 \*Influenza and Pneumococcal Immunizations

### 483.85 (PHASE-3) Compliance and Ethics Program

F895 (PHASE-3) Compliance and Ethics Program

### 483.90 Physical Environment

F906 Emergency Electrical Power System  
 F907 Space and Equipment  
 F908 Essential Equipment, Safe Operating Condition  
 F909 Resident Bed  
 F910 Resident Room  
 F911 Bedroom Number of Residents  
 F912 Bedrooms Measure at Least 80 Square Ft/Resident  
 F913 Bedrooms Have Direct Access to Exit Corridor  
 F914 Bedrooms Assure Full Visual Privacy  
 F915 Resident Room Window  
 F916 Resident Room Floor Above Grade  
 F917 Resident Room Bed/Furniture/Closet  
 F918 Bedrooms Equipped/Near Lavatory/Toilet  
 F919 Resident Call System  
 F920 Requirements for Dining and Activity Rooms  
 F921 Safe/Functional/Sanitary/Comfortable Environment  
 F922 Procedures to Ensure Water Availability  
 F923 Ventilation  
 F924 Corridors Have Firmly Secured Handrails  
 F925 Maintains Effective Pest Control Program  
 F926 Smoking Policies

### 483.95 Training Requirements

F940 (PHASE-3) Training Requirements - General  
 F941 (PHASE-3) Communication Training  
 F942 (PHASE-3) Resident's Rights Training  
 F943 Abuse, Neglect, and Exploitation Training  
 F944 (PHASE-3) QAPI Training  
 F945 (PHASE-3) Infection Control Training  
 F946 (PHASE-3) Compliance and Ethics Training  
 F947 Required In-Service Training for Nurse Aides  
 F948 Training for Feeding Assistants  
 F949 (PHASE-3) Behavioral Health Training

# Questions

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