### Federal Regulatory Groups for Long Term Care

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# **\*\*** Tag to be cited by Federal Surveyors Only

| F540   | Definitions   | 483.12 | Freedom from Abuse, Neglect, and Exploitation   | 483.24 | Quality of Life  |
|--------|---|--------|---|--------|--|
| 483.10 | Resident Rights   | F600   | *Free from Abuse and Neglect                    | F675   | *Quality of Life                                       |
| F550   | *Resident Rights/Exercise of Rights                     | F602   | *Free from Misappropriation/Exploitation        | F676   | *Activities of Daily Living (ADLs)/ Maintain Abilities |
| F551   | Rights Exercised by Representative                      | F603   | *Free from Involuntary Seclusion                | F677   | *ADL Care Provided for Dependent Residents             |
| F552   | Right to be Informed/Make Treatment Decisions           | F604   | *Right to be Free from Physical Restraints      | F678   | *Cardio-Pulmonary Resuscitation (CPR)                  |
| F553   | Right to Participate in Planning Care                   | F605   | *Right to be Free from Chemical Restraints      | F679   | *Activities Meet Interest/Needs of Each Resident       |
| F554   | Resident Self-Admin Meds-Clinically Appropriate         | F606   | *Not Employ/Engage Staff with Adverse Actions   | F680   | *Qualifications of Activity Professional               |
| F555   | Right to Choose/Be Informed of Attending Physician      | F607   | *Develop/Implement Abuse/Neglect, etc. Policies | 483.25 | Quality of Care  |
| F557   | Respect, Dignity/Right to have Personal Property        | F608   | *Reporting of Reasonable Suspicion of a Crime   | F684   | Quality of Care  |
| F558   | *Reasonable Accommodations of Needs/Preferences         | F609   | *Reporting of Alleged Violations                | F685   | *Treatment/Devices to Maintain Hearing/Vision          |
| F559   | *Choose/Be Notified of Room/Roommate Change             | F610   | *Investigate/Prevent/Correct Alleged Violation  | F686   | *Treatment/Svcs to Prevent/Heal Pressure Ulcers        |
| F560   | Right to Refuse Certain Transfers                       | 483.15 | Admission, Transfer, and Discharge              | F687   | *Foot Care   |
| F561   | *Self Determination                                     | F620   | Admissions Policy                               | F688   | *Increase/Prevent Decrease in ROM/Mobility             |
| F562   | Immediate Access to Resident                            | F621   | Equal Practices Regardless of Payment Source    | F689   | *Free of Accident Hazards/Supervision/Devices          |
| F563   | Right to Receive/Deny Visitors                          | F622   | Transfer and Discharge Requirements             | F690   | *Bowel/Bladder Incontinence, Catheter, UTI             |
| F564   | Inform of Visitation Rights/Equal Visitation Privileges | F623   | Notice Requirements Before Transfer/Discharge   | F691   | *Colostomy, Urostomy, or Ileostomy Care                |
| F565   | *Resident/Family Group and Response                     | F624   | Preparation for Safe/Orderly Transfer/Discharge | F692   | *Nutrition/Hydration Status Maintenance                |
| F566   | Right to Perform Facility Services or Refuse            | F625   | Notice of Bed Hold Policy Before/Upon Transfer  | F693   | *Tube Feeding Management/Restore Eating Skills         |
| F567   | Protection/Management of Personal Funds                 | F626   | Permitting Residents to Return to Facility      | F694   | *Parenteral/IV Fluids                                  |
| F568   | Accounting and Records of Personal Funds                | 483.20 | Resident Assessments                            | F695   | *Respiratory/Tracheostomy care and Suctioning          |
| F569   | Notice and Conveyance of Personal Funds                 | F635   | Admission Physician Orders for Immediate Care   | F696   | *Prostheses  |
| F570   | Surety Bond - Security of Personal Funds                | F636   | Comprehensive Assessments & Timing              | F697   | *Pain Management                                       |
| F571   | Limitations on Charges to Personal Funds                | F637   | Comprehensive Assmt After Significant Change    | F698   | *Dialysis  |
| F572   | Notice of Rights and Rules                              | F638   | Quarterly Assessment At Least Every 3 Months    | F699   | *{PHASE-3} Trauma Informed Care                        |
| F573   | Right to Access/Purchase Copies of Records              | F639   | Maintain 15 Months of Resident A ssessments     | F700   | *Bedrails  |
| F574   | Required Notices and Contact Information                | F640   | Encoding/Transmitting Resident Assessment       | 483.30 | Physician Services                                     |
| F575   | Required Postings                                       | F641   | Accuracy of Assessments                         | F710   | Resident's Care Supervised by a Physician              |
| F576   | Right to Forms of Communication with Privacy            | F642   | Coordination/Certification of A ssessment       | F711   | Physician Visits- Review Care/Notes/Order              |
| F577   | Right to Survey Results/Advocate Agency Info            | F644   | Coordination of PASARR and Assessments          | F712   | Physician Visits-Frequency/Timeliness/Alternate NPPs   |
| F578   | Request/Refuse/Discontinue Treatment;Formulate Adv Di   | F645   | PASARR Screening for MD & ID                    | F713   | Physician for Emergency Care, Available 24 Hours       |
| F579   | Posting/Notice of Medicare/Medicaid on Admission        | F646   | MD/ID Significant Change Notification           | F714   | Physician Delegation of Tasks to NPP                   |
| F580   | Notify of Changes (Injury/Decline/Room, Etc.)           | 483.21 | Comprehensive Resident Centered Care Plan       | F715   | Physician Delegation to Dietitian/Therapist            |
| F582   | Medicaid/Medicare Coverage/Liability Notice             | F655   | Baseline Care Plan                              | 483.35 | Nursing Services                                       |
| F583   | Personal Privacy/Confidentiality of Records             | F656   | Develop/Implement Comprehensive Care Plan       | F725   | Sufficient Nursing Staff                               |
| F584   | *Safe/Clean/Comfortable/Homelike Environment            | F657   | Care Plan Timing and Revision                   | F726   | Competent Nursing Staff                                |
| F585   | Grievances  | F658   | Services Provided Meet Professional Standards   | F727   | RN 8 Hrs/7 days/Wk, Full Time DON                      |
| F586   | Resident Contact with External Entities                 | F659   | Qualified Persons                               | F728   | Facility Hiring and Use of Nurse                       |
|        |   | F660   | Discharge Planning Process                      | F729   | Nurse Aide Registry Verification, Retraining           |
|        |   | F661   | Discharge Summary                               | F730   | Nurse Aide Perform Review – 12Hr/Year In- service      |
|        |   |        |   | F731   | Waiver-Licensed Nurses 24Hr/Day and RN Coverage        |
|        |   |        |   | F732   | Posted Nurse Staffing Information                      |

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| 483.40 | Behavioral Health   | F811   | Feeding Asst -Training/Supervision/Resident       | 483.90 | Physical Environment                              |
|--------|---|--------|---|--------|---|
| F740   | Behavioral Health Services                                | F812   | Food Procurement, Store/Prepare/Serve - Sanitary  | F906   | Emergency Electrical Power System                 |
| F741   | Sufficient/Competent Staff-Behav Health Needs             | F813   | Personal Food Policy                              | F907   | Space and Equipment                               |
| F742   | *Treatment/Svc for Mental/Psychosocial Concerns           | F814   | Dispose Garbage & Refuse Properly                 | F908   | Essential Equipment, Safe Operating Condition     |
| F743   | *No Pattern of Behavioral Difficulties Unless Unavoidable | 483.65 | Specialized Rehabilitative Services               | F909   | Resident Bed                                      |
| F744   | *Treatment /Service for Dementia                          | F825   | Provide/Obtain Specialized Rehab Services         | F910   | Resident Room                                     |
| F745   | *Provision of Medically Related Social Services           | F826   | Rehab Services- Physician Order/Qualified Person  | F911   | Bedroom Number of Residents                       |
| 483.45 | Pharmacy Services   | 483.70 | Administration                                    | F912   | Bedrooms Measure at Least 80 Square Ft/Resident   |
| F755   | Pharmacy Svcs/Procedures/Pharmacist/ Records              | F835   | Administration                                    | F913   | Bedrooms Have Direct Access to Exit Corridor      |
| F756   | Drug Regimen Review, Report Irregular, Act On             | F836   | License/Comply w/Fed/State/Local Law/Prof Std     | F914   | Bedrooms Assure Full Visual Privacy               |
| F757   | *Drug Regimen is Free From Unnecessary Drugs              | F837   | Governing Body                                    | F915   | Resident Room Window                              |
| F758   | *Free from Unnec Psychotropic Meds/PRN Use                | F838   | Facility Assessment                               | F916   | Resident Room Floor Above Grade                   |
| F759   | *Free of Medication Error Rate sof 5% or More             | F839   | Staff Qualifications                              | F917   | Resident Room Bed/Furniture/Closet                |
| F760   | *Residents Are Free of Significant Med Errors             | F840   | Use of Outside Resources                          | F918   | Bedrooms Equipped/Near Lavatory/Toilet            |
| F761   | Label/Store Drugs & Biologicals                           | F841   | Responsibilities of Medical Director              | F919   | Resident Call System                              |
| 483.50 | Laboratory, Radiology, and Other Diagnostic Services      | F842   | Resident Records - Identifiable Information       | F920   | Requirements for Dining and Activity Rooms        |
| F770   | Laboratory Services                                       | F843   | Transfer Agreement                                | F921   | Safe/Functional/Sanitary/ Comfortable Environment |
| F771   | Blood Blank and Transfusion Services                      | F844   | Disclosure of Ownership Requirements              | F922   | Procedures to Ensure Water Availability           |
| F772   | Lab Services Not Provided On-Site                         | F845   | Facility closure-Administrator                    | F923   | Ventilation                                       |
| F773   | Lab Svs Physician Order/Notify of Results                 | F846   | Facility closure                                  | F924   | Corridors Have Firmly Secured Handrails           |
| F774   | Assist with Transport Arrangements to Lab Svcs            | F847   | Enter into Binding Arbitration Agreements         | F925   | Maintains Effective Pest Control Program          |
| F775   | Lab Reports in Record-Lab Name/Address                    | F848   | Select Arbitrator/Venue, Retention of Agreements  | F926   | Smoking Policies                                  |
| F776   | Radiology/Other Diagnostic Services                       | F849   | Hospice Services                                  | 483.95 | Training Requirements                             |
| F777   | Radiology/Diag. Svcs Ordered/Notify Results               | F850   | *Qualifications of Social Worker >120 Beds        | F940   | {PHASE-3} Training Requirements - General         |
| F778   | Assist with Transport Arrangements to Radiology           | F851   | Payroll Based Journal                             | F941   | {PHASE-3} Communication Training                  |
| F779   | X-Ray/Diagnostic Report in Record-Sign/Dated              | 483.75 | Quality Assurance and Performance Improvement     | F942   | {PHASE-3} Resident's Rights Training              |
| 483.55 | Dental Services   | F865   | QAPI Program/Plan, Disclosure/Good Faith Attempt  | F943   | Abuse, Neglect, and Exploitation Training         |
| F790   | Routine/Emergency Dental Services in SNFs                 | F866   | {PHASE-3} QAPI/QAA Data Collection and Monitoring | F944   | {PHASE-3} QAPI Training                           |
| F791   | Routine/Emergency Dental Services in NFs                  | F867   | QAPI/QAA Improvement Activities                   | F945   | {PHASE-3} Infection Control Training              |
| 483.60 | Food and Nutrition Services                               | F868   | QAA Committee                                     | F946   | {PHASE-3} Compliance and Ethics Training          |
| F800   | Provided Diet Meets Needs of Each Resident                | 483.80 | Infection Control                                 | F947   | Required In-Service Training for Nurse Aides      |
| F801   | Qualified Dietary Staff                                   | F880   | Infection Prevention & Control                    | F948   | Training for Feeding Assistants                   |
| F802   | Sufficient Dietary Support Personnel                      | F881   | Antibiotic Stewardship Program                    | F949   | {PHASE-3} Behavioral Health Training              |
| F803   | Menus Meet Res Needs/Prep in Advance/Followed             | F882   | Infection Preventionist Qualifications/Role       |        |   |
| F804   | Nutritive Value/Appear, Palatable/Prefer Temp             | F883   | *Influenza and Pneumococcal Immunizations         |        |   |
| F805   | Food in Form to Meet Individual Needs                     | F884   | **Reporting – National Health Safety Network      |        |   |
| F806   | Resident Allergies, Preferences and Substitutes           | F885   | Reporting – Residents, Representatives & Families |        |   |
| F807   | Drinks Avail to Meet Needs/P references/ Hydration        | F886   | COVID-19 Testing-Residents & Staff                |        |   |
| F808   | Therapeutic Diet Prescribed by Physician                  | 483.85 | Compliance and Ethics Program                     |        |   |
| F809   | Frequency of Meals/Snacks at Bedtime                      | F895   | {PHASE-3} Compliance and Ethics Program           |        |   |
| F810   | Assistive Devices - Eating Equipment/Utensils             |        |   |        |   |