MINUTES OF THE MEETING
HUMAN SERVICES AND AGING COMMITTEE
MONTANA STATE
HOUSE OF REPRESENTATIVES

March 8, 1985

The meeting of the Human Services and Aging Committee was called to order by Chairperson Nancy Keenan on March 8, 1985 at 3:00 p.m. in Room 312-2 in the State Capitol.

ROLL CALL: All members were present.

SENATE BILL NO. 287: Hearing commenced on Senate Bill No. 287. Senator Bengston, District #49, sponsor of the bill said that an act requiring the Department of Health and Environmental Sciences to inspect licensed facilities annually was needed.

Proponent Rose Skoog, representing the Montana Health Care Association stated that this bill responds to public concerns about how health care inspections are performed by establishing a reasonable but well defined policy that all facilities providing health services to Montana's citizens be inspected at least once a year and that such inspections be performed without prior notice to the facility. Skoog also stated that MHCA also supports this legislation because it establishes one policy for state inspections of all health care facilities and that it does not add another layer of inspections to the many already performed with respect to long term care facilities. Exhibit 1 was supplied by Ms. Skoog. William E. Leary, representing the Montana Hospital Association said that the inspections that would be held should be done during the day time hours to enable the staff to be in full force and all medical records and administrative records feasible to the inspectors.

Opponent Joe Upshaw, representing the Montana Association of Retired People said that this bill does not meet the issues involved in such an inspection. Molly Munro, representing the Montana Association of Homes for the Aging supplied Exhibits 2. Ms. Munro said that the type of inspections need are not inspections accomplished with paperwork. The inspections needed are cleanliness, comfort and care of the patient, attitude of the staff toward the patient, help with eating, kinds of meals. Interviews with patients and a visual check of the patient should be included. Ms. Munro also supplied a copy of a Medicare/ Medicaid skilled nursing facility survey report and a general intermediate care facility survey report. Milton Cody stated that he does not concur with what people in nursing homes really need in an inspection.

Charles Briggs, representing the Office of the Governor was a neutral speaker on this bill. Exhibit 3 was supplied by Briggs who stated that this bill was initially well intentioned but it not only misses the quality of care need but makes the existing inspection procedure more complex. Doug Blakely, representing the Seniors' Office supplied written testimony which stated his neutral position. Blakley favors unannounced inspections of long term care facilities which would be focused on improving the quality of care residents receive in facilities but feels with the amendments which have been added the bill does not address the concerns of senior citizens and residents that prompted the call for unannounced inspections. Exhibit 5 was supplied by Blakley.

There were no further proponents and opponents present. Senator Bengston was then excused by the Chair.

Representative Gould questioned as to whether this bill should be kept alive until the other two bills are heard on this same matter. Representative Phillips asked how many people were on an inspection team - 5 to 7. Also, Phillips asked if an inspection could be done on patient care only - yes. Representative Waldron asked where in the law quality of care was stated - Upshaw stated that it was implied only. Briggs stated that if staff was available this could be accomplished. Representative Simon asked about the convenient hours of inspection and Skoog said that it would be inconvenient but it could be done. Representative Bergene asked why type of facilities were now annually inspected. Dr. Drynan of the Health Department stated that inspections were required by the federal government for re-licensure. Representative Hansen asked if the county health department could aid in inspections and it was stated by Dr. Drynan that it could be but was not feasible.

SENATE BILL NO. 121: Hearing commenced on Senate Bill No. 121. Senator Norman, District #28, sponsor of the bill said that an act to authorize the Department of Social and Rehabilitation Services to administer all funds allocated to the Department for residential alcohol and drug treatment for indigent youths in need of care, youths in need of supervision, and delinquent youths was needed.

Proponent Norma Harris, representing the Montana Department

of Social and Rehabilitation Services stated that with enabling legislation the administration of funds could be made. Mary Jean Marron, a recovering alcoholic and now an alcoholism counselor reiterated her experiences with drinking and her recovery and aid to youths in this situation. Mike Murray, representing the Chemical Dependency Program stated that there was no money available for this program. Curt Chisholm, representing the Montana Department of Institutions stated his support of this legislation.

There were no further proponents and opponents present. Senator Norman was then excused by the Chair.

There being no further discussion on Senate Bill No. 121, the hearing was closed.

SENATE BILL NO. 158: Hearing commenced on Senate Bill No. 158. Senator Jacobson, District #36, sponsor of the bill stated that an act to exempt recipients of public assistance from the requirement of an indemnity bond for the purposes of receiving a duplicate state warrant was needed. Senator Jacobson said that the Department of Social and Rehabilitation Services requested that she carry this legislation.

Proponent Ron Brown, representing the Montana Department of Social and Rehabilitation Services stated that it takes two weeks to replace the initial warrant that was issued to recipients as the law now stands. People on public assistance can little afford to supply a bond when in the first circumstance they are on public assistance.

There were no further proponents and opponents present. Senator Jacobson was then excused by the Chair.

Representative Simon asked how many checks were lost monthly.

There being no further discussion on Senate Bill No. 158, the hearing was closed.

SENATE BILL NO. 310: Hearing commenced on Senate Bill No. 310. Senator Jacobson, District #36, sponsor of the bill said that an act to include community homes for developmentally disabled persons who require nursing care in the definition of a community residential facility was needed.

Proponent Mike Muszkiewicz, representing the Montana Depart-

of Social and Rehabilitation Services stated that the current law should be defined and that group homes should not be excluded from this legislation.

There were no further proponents and opponents present. Senator Jacobson was then excused by the Chair.

Representative Gilbert asked if zoning requirements would be changed and if the communities were going to object - no. Representative Keenan asked whether this legislation would affect the deinstitutionalization at Boulder River School. Representative Campbell asked if this bill is associated with the legislation on brain stem injuries.

There being no further discussion on Senate Bill No. 310, the hearing was closed.

SENATE BILL NO. 254: Hearing commenced on Senate Bill No. 254. Senator Eck, District #40, sponsor of the bill said that an act requiring fines imposed for unlawful transactions with children to be used to fund alcohol and drug abuse programs for persons under the legal drinking age was needed.

Proponent Mike Murray, representing the Chemical Dependency Program said that school program should be funded to carry on this program. There were no further proponents and opponents present.

Senator Eck was then excused by the Chair.

Representative Campbell asked whether extensive bookkeeping would be involved in this program. Representative Connelly questioned county task forces. Representative Gould asked if changes in the cities can be done and was told that the cities use the money for public safety. Gould also questioned a quarantee on the funding. Representative Simon questioned to known conviction in the past years and was told that there were. Representative Connelly asked if Flathead County had alot of reaction to this legislation.

There being no further discussion on Senate Bill No. 254, the hearing was closed.

SENATE BILL NO. 311: Hearing commenced on Senate Bill No. 311. Senator Halligan, District #29, sponsor of the bill stated that an act to provide staggered terms for the members of the advisory council on aging was needed.

Proponent Charles Briggs, representing the Office of the Governor stated that the purpose of this bill was to provide continuity.

There were no further proponents and opponents present. Senator Halligan was then excused by the Chair.

There being no further discussion on Senate Bill No. 311, the hearing was closed.

A Subcommittee on the child trust fund legislation was formulated with Representatives Hayne, Phillips, Waldron and Hart presiding.

ADJOURN: There being no further business before the Committee, the meeting was adjourned at 5:32 p.m.

Nancy Keenan

NANCY KEENAN, Chair

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

49th LEGISLATIVE SESSION -- 1985

Date March 8, 1985

NAME	PRESENT	ABSENT	EXCUSED
NANCY KEENAN	X		
BUDD GOULD	X		
TONI BERGENE	X		
DOROTHY BRADLEY	X		
JAN BROWN	X		
BUD CAMPBELL	X		
BEN COHEN	X		
MARY ELLEN CONNELLY	X		
PAULA DARKO	X		
BOB GILBERT	X		
STELLA JEAN HANSEN	X		
MARIAN HANSON	X		
MARJORIE HART	X		
HARRIET HAYNE	X		
JOHN PHILLIPS	X		
BRUCE SIMON	X		
STEVE WALDRON	X		
NORM WALLIN	X		

EXHIBIT 1
March 8, 1985

mhca
MONTANA HEALTH CARE ASSOCIATION

34 So. Last Chance Mall, No. 1
Helena, Montana 59601
Telephone: 406-443-2876

TESTIMONY OF THE MONTANA HEALTH CARE ASSOCIATION

on

SENATE BILL 287

RELATING TO ANNUAL UNANNOUNCED INSPECTIONS OF HEALTH CARE FACILITIES

before the

HOUSE HUMAN SERVICES AND AGING COMMITTEE

March 8, 1985

For the record, I am Rose Skoog, of Helena, Executive Director of the Montana Health Care Association, an organization representing over 60 long term care facilities throughout the state of Montana, including both for-profit and non-profit facilities.

We support Senate Bill 287 as a reasonable response to concerns about state inspections of health care facilities.

Senate Bill 287 simply requires each licensed health care facility in the state to be inspected once each year without prior notice to the facility.

We support the approach taken in SB 287 for three reasons:

. . . First, it responds to public concerns about how health care inspections are performed by establishing a reasonable but well-defined policy that all facilities providing health services to Montana's citizens be inspected at least once a year, and that such inspection be performed without prior notice to the facility. By making an annual unannounced inspection mandatory instead of permissive it should help lay to rest public concerns about facilities not being inspected every year and about facilities being given advance notice of the inspection.

. . . Second, we support SB 287 because it establishes one policy for state inspections of all health care facilities.

We feel strongly that it is inappropriate to single out the skilled, intermediate, and personal care facilities in this state for more stringent inspections than other health care providers. You have absolutely no reliable data before you upon which to base an assumption that long term care facilities require more supervision than other types of facilities and providers. Long term care facilities provide a very vital and difficult service--often being asked to care for those who no one else in our society or in our health care system are able or willing to care for. We perform that service well. We employ trained, dedicated staff who are physically and emotionally drained at the end of each work day. The last thing they need is unjustified criticism from this legislature--based on unsubstantiated claims made by people ill-informed about actual conditions in this state's nursing homes. SB 287 allows long term care facilities to to be judged and scrutinized along side all of the other health services offered in this state. We have no doubt that we will withstand such scrutiny well.

. . . Third, we support SB 287 because it does not add another layer of inspections to the many already performed with respect to long term care facilities. There are already numerous local, state, and federal inspection teams authorized to visit long term care facilities. At a minimum, long term care facilities can expect to be inspected each year by: the Dept. of Health, the Montana Foundation for Medical Care under contract with SRS, the local fire marshal, the local sanitarian, and the Veterans Administration if the facility has a VA contract. In addition, the ombudsman program visits on a monthly basis, and family members and others visit regularly.

In summary, we find SB 287 a very acceptable and reasonable response to the various issues that have been raised over the last several years about the way health care inspections are performed.

We urge your support of SB 287.

We appreciate the opportunity to appear before you and present our views, and would be happy to answer any questions you may have.

EXHIBIT 2
March 8, 1985

MONTANA
MONTANA
ASSOCIATION OF HOMES FOR THE AGING

715 NORTH FEE
P.O. BOX 5774
HELENA, MT 59604

(406) 443-1185

March 8, 1985

TESTIMONY BEFORE THE HOUSE HUMAN SERVICES COMMITTEE

RE: SB 287 (Bengston)

BY: Molly Munro, Executive Secretary

The Montana Association of Homes for the Aging supports the Legacy Legislature request for unannounced quality of care inspections. Our member facilities feel that this is the proper way to conduct this type of inspection.

We, therefore, do not support SB 287. SB 287 does not provide in any way for a quality of care inspection. What it does provide for is that the annual surveys for licensing and certification now done by the Department of Health and Environmental Sciences survey teams be unannounced. This just simply is not feasible or good sense.

First, a truly unannounced survey means that a facility will not know what month, day, or hour that survey will take place. If you make the annual licensing and certification surveys unannounced, how "unannounced" can they be? If a facility's license is due for renewal, for example on June 15, that facility knows that sometime between May 15 and June 15 the survey team will be there to inspect. The team might not tell them which day or what hour, but the facility knows that everything better be shipshape during that month.

Some facilities keep their records in safes when the administrator or director of nursing are not in the facility--should the team

arrive when the administrator or key personnel are gone, they would have no access to the records. The inspection teams need to have key personnel there to ask questions or for information during the inspection. If the personnel are not there, the team either has to come back again or wait until the personnel can be there--an added expense to the Department.

The main point is that SB 287 does not address the wishes of the Legacy Legislature--that is quality of care inspections. These are not inspections that can be accomplished with paperwork. They look at the cleanliness, comfort and care of the patient; the attitude of the staff toward the patient; help with eating; kinds of meals. They must include interviews with the patients, and a visual check of the patient for bedsores, wounds, etc. that may not be cared for. The list is long--but quality of care is all of those things which maintain the comfort and dignity of the patient. Lack of quality of care of which I speak condemns the patient to an existence lacking dignity and compassion.

I have, for your use, copies of the checklists that are used by the teams surveying both skilled and intermediate nursing facilities. I suggest you look at them carefully--I don't see any provision in the checklists for the measurement of quality of care items--I don't think you will either.

The state of Montana makes a big investment each year in the provision of Medicaid funds to nursing homes and hospitals. The state should be interested enough in its investment to check out the quality of care that they are paying for--but that can't be done with unannounced licensing and certification surveys.

We ask that you do not give SB 287 a "do pass".

MEDICARE/MEDICAID SKILLED NURSING FACILITY SURVEY REPORT

PROVIDER NUMBER (TITLE XVIII) F1	VENDOR NUMBER (TITLE XIX) F2

NAME OF FACILITY	STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

SURVEYED BY F3	SURVEYOR'S PROFESSIONAL TITLE	(1) ☐ INITIAL SURVEY (2) ☐ RE-SURVEY F4	DATE SURVEYED F5

LIST ADDITIONAL SURVEYORS' NAMES — TITLE

F6

	YES	NO	N/A		EXPLANATORY STATEMENTS
F7 →				☐ MET ☐ NOT MET **I. Compliance with Federal, State, and local laws. (405.1120)** — The skilled nursing facility is in compliance with applicable Federal, State, and local laws and regulations.	
F8 →				☐ MET ☐ NOT MET *(a) Standard: Licensure.* The facility, in any State in which State or applicable local law provides for licensing of facilities of this nature: (1) Is licensed pursuant to such law; or (2) If not subject to licensure, is approved by the agency of the State or locality responsible for licensing skilled nursing facilities as meeting fully the standards established for such licensing, and (3) Except that a facility which formerly met fully such licensure requirements, but is currently determined not to meet fully all such requirements, may be recognized for a period specified by the State standard-setting authority.	

	YES	NO	N/A	EXPIRATION DATE OF LICENSE	EXPLANATORY STATEMENTS
F9 →					
F10 →				TOTAL NUMBER OF BEDS	
F11 →				NUMBER OF SKILLED BEDS MEDICARE	
F12 →				NUMBER OF SKILLED BEDS MEDICAID	
F13 →				☐ MET ☐ NOT MET *(b) Standard: Licensure or registration of personnel.* Staff of the facility are licensed or registered in accordance with applicable laws.	
F14 →				☐ MET ☐ NOT MET *(c) Standard: Conformity with other Federal, State, and local laws.* The facility is in conformity with all Federal, State, and local laws relating to fire and safety, sanitation, communicable and reportable diseases, postmortem procedures, and other relevant health and safety requirements.	

NAME OF FACILITY

Governing Body and Management

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F15 →				**II. Governing body and management. (405.1121)** — The skilled nursing facility has an effective governing body, or designated persons so functioning, with full legal authority and responsibility for the operation of the facility. The governing body adopts and enforces rules and regulations relative to health care and safety of patients, to the protection of their personal and property rights, and to the general operation of the facility. The governing body develops a written institutional plan that reflects the operating budget and capital expenditures plan.	
F16 →				☐ MET ☐ NOT MET *(a) Standard: Disclosure of ownership.* The facility supplies full and complete information to the survey agency as to the identity (1) of each person who has any direct or indirect ownership interest of 10 per centum or more in such skilled nursing facility or who is the owner (in whole or in part) of any mortgage, deed of trust, note, or other obligation secured (in whole or in part) by such skilled nursing facility or any of the property or assets of such skilled nursing facility, (2) in case a skilled nursing facility is organized as a corporation, of each officer and director of the corporation, and (3) in case a skilled nursing facility is organized as a partnership, or each partner; and promptly reports any changes which would affect the current accuracy of the information so required to be supplied.	
F17 →				CHECK TYPE OF BUSINESS ORGANIZATION (1) ☐ INDIVIDUAL (2) ☐ CORPORATION (3) ☐ PARTNERSHIP (4) ☐ OTHER *(Specify)*	
				If unit is a for profit corporation, list name, address and titles of each officer of corporation and those persons owning 10% or more. Officers: _____ _____ _____ _____ _____	

	YES	NO	N/A	Ownership and % Owned:	EXPLANATORY STATEMENTS
				_____ _____ _____ _____	
				If unit is solely owned, or owned by partnership, list name(s) and address(es) of owner(s). _____ _____ _____ _____ _____ _____ _____ _____	
F18 →				☐ MET ☐ NOT MET *(b) Standard: Staffing patterns.* The facility furnishes to the State survey agency information from payroll records setting forth the average numbers and types of personnel (in full-time equivalents) on each tour of duty during at least 1 week of each quarter. Such week will be selected by the survey agency.	
F19 →				☐ MET ☐ NOT MET *(c) Standard: Bylaws.* The governing body adopts effective patient care policies	
F20					
F21				and administrative policies and bylaws governing the operation of the facility, in accordance with legal requirements.	
F22				Such policies and bylaws are in writing, dated, and made available to all members of the governing body	
F23				which ensures that they are operational, and reviews and revises them as necessary.	

	YES	NO	N/A		EXPLANATORY STATEMENTS
F24				☐ MET ☐ NOT MET *(d) Standard: Independent medical evaluation (medical review).* The governing body adopts policies to ensure that the facility cooperates in an effective program which provides for a regular program of independent medical evaluation and audit of the patients in the facility to the extent required by the programs in which the facility participates (including, at least annually, medical evaluation of each patient's need for skilled nursing facility care).	
F25				☐ MET ☐ NOT MET *(e) Standard: Administrator.* The governing body appoints a qualified administrator who is responsible for the overall management of the facility,	
F26				enforces the rules and regulations relative to the level of health care and safety of patients, and to the protection of their personal and property rights, and	
F27				plans, organizes, and directs those responsibilities delegated to the administrator by the governing body.	
F28				Through meetings and periodic reports, the administrator maintains ongoing liaison among the governing body, medical and nursing staffs, and other professional and supervisory staff of the facility, and	
F29				studies and acts upon recommendations made by the utilization review and other committees.	
F30				In the absence of the administrator, an employee is authorized, in writing, to act on the administrator's behalf.	
F31				NAME OF ADMINISTRATOR LICENSE NUMBER / EXPIRATION DATE NAME OF ALTERNATE ADMINISTRATOR / TITLE	

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F32 →				*(f) Standard: Institutional planning.* The skilled nursing facility, under the direction of the governing body, prepares an overall plan and budget which provides for an annual operating budget and a capital expenditure plan.	
F33				(1) There is an annual operating budget which includes all anticipated income and expenses related to items which would, under generally accepted accounting principles, be considered income and expense items (except that it is not required that there be prepared, in connection with any budget, an item by item identification of the components of each type of anticipated income or expense).	
F34				(2) (i) There is a capital expenditure plan for at least a 3-year period (including the year to which the operating budget described in paragraph (f)(1) of this section is applicable), which includes and identifies in detail the anticipated sources of financing for, and the objectives of, each anticipated expenditure in excess of $100,000. In determining if a single capital expenditure exceeds $100,000, the cost of studies, surveys, designs, plans, working drawings, specifications, and other activities essential to the acquisition, improvement, modernization, expansion, or replacement of land, plant, building, and equipment are included. Expenditures directly or indirectly related to capital expenditures, such as grading, paving, broker commissions, taxes assessed during the construction period, and costs involved in demolishing or razing structures on land are also included. Transactions which are separated in time but are components of an overall plan or patient care objective are viewed in their entirety without regard to their timing. Other costs related to capital expenditures include title fees, permit and license fees, broker commissions, architect, legal, accounting, and appraisal fees; interest, finance, or carrying charges on bonds, notes and other costs incurred for borrowing funds.	

NAME OF FACILITY

Governing Body (continued)

EXPLANATORY STATEMENTS

	YES	NO	N/A	
				(ii) If the anticipated source of such financing is, in any part, the anticipated reimbursement from title V (Maternal and Child Health and Crippled Children's Services) or title XVIII (Health Insurance for the Aged and Disabled) or title XIX (Grants to States for Medical Assistance Programs) of the Social Security Act, the plan states:
F35 →				1. ☐ YES 2. ☐ NO 3. ☐ N/A
				(a) Whether the proposed capital expenditure is required to conform, or is likely to be required to conform, to current standards, criteria, or plans developed pursuant to the Public Health Service Act or the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, to meet the need for adequate health care facilities in the area covered by the plan or plans so developed;
F36 →				1. ☐ YES 2. ☐ NO 3. ☐ N/A
				(b) Whether a capital expenditure proposal has been submitted to the designated planning agency for approval pursuant to section 1122 of the Social Security Act (42 U.S.C. 1320a-1) and implementing regulations.
F37 →				1. ☐ YES 2. ☐ NO 3. ☐ N/A
				(c) Whether the designated planning agency has approved or disapproved the proposed capital expenditure if it has been so presented.

	YES	NO	N/A		EXPLANATORY STATEMENTS
F38				(3) The overall plan and budget is prepared under the direction of the governing body of the skilled nursing facility by a committee consisting of representatives of the governing body, the administrative staff, and the medical staff (or chief medical officer, or patient care policies advisory group as described in §405.1122(a)) of the skilled nursing facility.	
F39 →				OVERALL PLAN & BUDGET PREPARED BY REPRESENTATIVES OF: 1. ☐ GOVERNING BODY 4. ☐ ADMINISTRATIVE STAFF 2. ☐ MEDICAL DIRECTOR 5. ☐ MEDICAL STAFF 3. ☐ PATIENT CARE POLICIES ADVISORY GROUP COMPOSITION OF COMMITTEE: NAME _____ TITLE _____ _____ _____ _____ _____ _____ _____ _____ _____	
F40				(4) The overall plan and budget is reviewed and updated at least annually by the committee referred to in paragraph (f)(3) of this section under the direction of the governing body of the skilled nursing facility.	
F41 →				☐ MET ☐ NOT MET *(g) Standard: Personnel policies and procedures.*	
F42				The governing body, through the administrator, is responsible for implementing and maintaining written personnel policies and procedures that support sound patient care and personnel practices.	

NAME OF FACILITY

Governing Body (continued)

	YES	NO	N/A		EXPLANATORY STATEMENTS
F43				Personnel records are current and available for each employee and contain sufficient information to support placement in the position to which assigned.	
F44				Written policies for control of communicable disease are in effect to ensure that employees with symptoms or signs of communicable disease or infected skin lesions are not permitted to work,	
F45				that a safe and sanitary environment for patients and personnel exists, and	
F46				incidents and accidents to patients and personnel are reviewed to identify health and safety hazards.	
F47				Employees are provided, or referred for, periodic health examinations, to ensure freedom from communicable disease.	
F48 →				☐ MET ☐ NOT MET	
				(h) Standard: Staff development.	
F49				An ongoing educational program is planned and conducted for the development and improvement of skills of all the facility's personnel, including training related to problems and needs of the aged, ill, and disabled.	
F50				Each employee receives appropriate orientation to the facility and its policies, and to the employee's position and duties.	
F51				Inservice training includes at least prevention and control of infections, fire prevention and safety, accident prevention, confidentiality of patient information, and preservation of patient dignity, including protection of the patient's privacy and personal and property rights.	
F52				Records are maintained which indicate the content of, and attendance at, such staff development programs.	

	YES	NO	N/A
F53			
F54			
F55			
F56			
F57			
F58			

EXPLANATORY STATEMENTS

☐ MET ☐ NOT MET

(i) Standard: Use of outside resources.

If the facility does not employ a qualified professional person to render a specific service to be provided by the facility, it makes arrangements to have such a service provided by an outside resource — a person or agency that will render direct service to patients or act as a consultant to the facility.

The responsibilities, functions, and objectives, and terms of agreement, including financial arrangements and charges, of each such outside resource are delineated in writing and signed by an authorized representative of the facility and the person or the agency providing the service.

Agreements pertaining to services must specify that the facility assumes professional and administrative responsibility for the services rendered.

The outside resource, when acting as a consultant, apprises the administrator of recommendations, plans for implementation, and continuing assessment through dated, signed reports, which are retained by the administrator for followup action and evaluation of performance. (See requirement under each service — 405.1125 through 405.1132.)

LIST OUTSIDE RESOURCES BY NAME AND SPECIALTY *(e.g., S. Miller, physical therapy)*

	YES	NO	N/A	
F59 →				☐ MET ☐ NOT MET

(j) Standard: Notification of changes in patient status

F60 The facility has appropriate written policies and procedures relating to notification of the patient's attending physician and other responsible persons in the event of an accident involving the patient, or other significant change in the patient's physical, mental, or emotional status, or patient charges, billings, and related administrative matters.

F61 Except in a medical emergency, a patient is not transferred or discharged, nor is treatment altered radically, without consultation with the patient or, if the patient is incompetent, without prior notification of next of kin or sponsor.

F62 → ☐ MET ☐ NOT MET

(k) Standard: Patients' rights.

F63 The governing body of the facility establishes written policies regarding the rights and responsibilities of patients and,

F64 through the administrator is responsible for development of, and adherence to, procedures implementing such policies.

F65 These policies and procedures are made available to patients, to any guardians, next of kin, sponsoring agency(ies), or representative payees selected pursuant to section 205(j) of the Social Security Act, and Subpart Q of Part 404 of this chapter, and to the public.

F66 The staff of the facility is trained and involved in the implementation of these policies and procedures.

EXPLANATORY STATEMENTS

	YES	NO	N/A		EXPLANATORY STATEMENTS
F67				These patients' rights policies and procedures ensure that, at least, each patient admitted to the facility: (1) Is fully informed, as evidenced by the patient's written acknowledgment, prior to or at the time of admission and during stay, of these rights and of all rules and regulations governing patient conduct and responsibilities;	
F68				(2) Is fully informed, prior to or at the time of admission and during stay, of services available in the facility, and of related charges including any charges for services not covered under titles XVIII or XIX of the Social Security Act, or not covered by the facility's basic per diem rate;	
F69				(3) Is fully informed, by a physician, of his or her medical condition unless medically contraindicated (as documented, by a physician, in the medical record), and is afforded the opportunity to participate in the planning of his or her medical treatment and to refuse to participate in experimental research;	
F70				(4) Is transferred or discharged only for medical reasons, or for his or her welfare or that of other patients, or for nonpayment for his or her stay (except as prohibited by titles XVIII or XIX of the Social Security Act), and is given reasonable advance notice to ensure orderly transfer or discharge, and such actions are documented in the medical record;	
F71				(5) Is encouraged and assisted, throughout the period of stay, to exercise rights as a patient and as a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his or her choice, free from restraint, interference, coercion, discrimination, or reprisal;	

	YES	NO	N/A		EXPLANATORY STATEMENTS
F72				(6) May manage his or her personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his or her behalf should the facility accept his or her written delegation of this responsibility to the facility for any period of time in conformance with State law;	
F73				(7) Is free from mental and physical abuse, and free from chemical and (except in emergencies) physical restraints except as authorized in writing by a physician for a specified and limited period of time, or when necessary to protect the patient from injury to self or to others;	
F74				(8) Is assured confidential treatment of personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in case of transfer to another health care institution, or as required by law or third-party payment contract;	
F75				(9) Is treated with consideration, respect, and full recognition of his or her dignity and individuality, including privacy in treatment and in care for personal needs;	
F76				(10) Is not required to perform services for the facility that are not included for therapeutic purposes in the plan of care;	
F77				(11) May associate and communicate privately with persons of his or her choice, and send and receive personal mail unopened, unless medically contraindicated (as documented by his or her physician in the medical record);	

NAME OF FACILITY

Governing Body (continued)

	YES	NO	N/A		EXPLANATORY STATEMENTS
F78				(12) May meet with, and participate in activities of, social, religious, and community groups at his or her discretion, unless medically contraindicated (as documented by his or her physician in the medical record);	
F79				(13) May retain and use personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, and unless medically contraindicated (as documented by his or her physician in the medical record); and	
F80				(14) If married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician in the medical record).	
				All rights and responsibilities specified in paragraphs (k)(1) through (4) of this section — as they pertain to (a) a patient adjudicated incompetent in accordance with State law, (b) a patient who is found, by his or her physician, to be medically incapable of understanding these rights, or (c) a patient who exhibits a communication barrier — devolve to such patient's guardian, next of kin, sponsoring agency(ies), or representative payee (except when the facility itself is representative payee) selected pursuant to section 205(j) of the Social Security Act and Subpart Q of Part 404 of this chapter.	

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F81 →				*(l) Standard: Patient care policies.*	
F82				The skilled nursing facility has written policies to govern the continuing skilled nursing care and related medical or other services provided.	
F83				The facility has policies, which are developed by the medical director or the organized medical staff (see §405.1122), with the advice of (and with provision for review of such policies from time to time, but at least annually, by) a group of professional personnel including one or more physicians and one or more registered nurses, to govern the skilled nursing care and related medical or other services it provides.	
F84				The policies, which are available to admitting physicians, sponsoring agencies, patients, and the public, reflect awareness of, and provision for, meeting the total medical and psychosocial needs of patients, including admission, transfer, and discharge planning, and the range of services available to patients, including frequency of physician visits by each category of patients admitted.	
F85				These policies also include provisions to protect patients' personal and property rights.	
F86				Medical records and minutes of staff and committee meetings reflect that patient care is being rendered in accordance with the written patient care policies.	
				And that utilization review committee recommendations regarding the policies are reviewed and necessary steps taken to ensure compliance.	

NAME OF FACILITY

Governing Body (continued)

	YES	NO	N/A	DATE OF LAST REVIEW OF POLICIES	EXPLANATORY STATEMENTS
F87				→	
F88				The medical director or a registered nurse is designated, in writing, to be responsible for the execution of patient care policies.	
F89				If the responsibility for day-to-day execution of patient care policies has been delegated to a registered nurse, the medical director serves as the advisory physician from whom this nurse receives medical guidance. (See §405.1122(b).)	
				COMPOSITION OF PATIENT CARE COMMITTEE: *(List names and titles of members)*	
				LIST NAME AND TITLE OF PERSON RESPONSIBLE FOR EXECUTION OF PATIENT CARE POLICIES. *(If RN, list name of advisory physician.)*	

	YES	NO	N/A		EXPLANATORY STATEMENTS
F90				☐ MET ☐ NOT MET **III. Medical direction. (405.1122)** — The facility retains, effective not later than 12 full calendar months from 12/02/74, pursuant to a written agreement, a physician, licensed under State law to practice medicine or osteopathy, to serve as medical director on a parttime or full-time basis as is appropriate for the needs of the patients and the facility. If the facility has an organized medical staff, the medical director is designated by the medical staff with approval of the governing body. A medical director may be designated for a single facility or multiple facilities through arrangements with a group of physicians, a local medical society, a hospital medical staff, or through another similar arrangement. The medical director is responsible for the overall coordination of the medical care in the facility to ensure the adequacy and appropriateness of the medical services provided to patients and to maintain surveillance of the health status of employees. (See §405.1911(b) regarding waiver of the requirement for a medical director.)	
F91				Medical director is designated by: (1) ☐ Facility Name of Physician _____ (2) ☐ Arrangement with _____ (Specify: Local medical society by name, etc.)	
F92				Medical director is: (1) ☐ Full-time (2) ☐ Part-time	
F93				and serves _____ hours per week.	
F94				☐ MET ☐ NOT MET *(a) Standard: Coordination of medical care.* Medical direction and coordination of medical care in the facility are provided by a medical director.	
F95				The medical director is responsible for the development of written bylaws, rules, and regulations which are approved by the governing body and include delineation of the responsibilities of attending physicians.	

	YES	NO	N/A	
F96				Coordination of medical care includes liaison with attending physicians to ensure their writing orders promptly upon admission of a patient, and periodic evaluation of the adequacy and appropriateness of health professional and supportive staff and services.
F97 →				☐ MET ☐ NOT MET *(b) Standard: Responsibilities to the facility.* The medical director is responsible for surveillance of the health status of the facility's employees.
F98				Incidents and accidents that occur on the premises are reviewed by the medical director to identify hazards to health and safety.
F99				The administrator is given appropriate information to help ensure a safe and sanitary environment for patients and personnel.
F100				The medical director is responsible for the execution of patient care policies in accordance with §405.1121(l).

EXPLANATORY STATEMENTS

NAME OF FACILITY

Physician Services

EXPLANATORY STATEMENTS

	YES	NO	N/A	
F101 →				☐ MET ☐ NOT MET **IV. Physican services. (405.1123)** — Patients in need of skilled or rehabilitative care are admitted to the facility only upon the recommendation of, and remain under the care of, a physician. To the extent feasible, each patient of the patient's sponsor designates a personal physician.
F102 →				☐ MET ☐ NOT MET *(a) Standard: Medical findings and physicians' orders at time of admission.*
F103				There is made available to the facility, prior to or at the time of admission, patient information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the patient.
F104				Information about the rehabilitation potential of the patient and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.
F105 →				☐ MET ☐ NOT MET *(b) Standard: Patient supervision by physician.*
F106				The facility has a policy that the health care of every patient must be under the supervision of a physician, who
F107				based on a medical evaluation of the patient's immediate and long-term needs, prescribes a planned regimen of total patient care.
F108				All attending physicians are required to make arrangements for the medical care of their patients in their absence.
F109				The medical evaluation of the patient is based on a physical examination done within 48 hours of admission unless such examination was performed within 5 days prior to admission.
F110				The patient is seen by the attending physician at least once every 30 days for the first 90 days following admission.

NAME OF FACILITY

Physician Services (continued)

	YES	NO	N/A		EXPLANATORY STATEMENTS
F111				The patient's total program of care (including medications and treatments) is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days, and revised as necessary.	
F112				A progress note is written and signed by the physician at the time of each visit, and all orders are signed by the physician.	
F113				Subsequent to the 90th day following admission, an alternate schedule for physician visits may be adopted where the attending physician determines and so justifies in the patient's medical record that the patient's condition does not necessitate visits at 30-day intervals.	
F114				This alternate schedule does not apply for patients who require specialized rehabilitative services, in which case the review must be in accordance with 405.1126(b). P.T.	
F115				At no time may the alternate schedule exceed 60 days between visits.	
F116				If the physician decides upon an alternate schedule of visits of more than 30 days for a patient, (1) in the case of a Medicaid benefits recipient, the facility notifies the State Medicaid agency of the change in schedule, including justification, and (2) the utilization review committee or the medical review team (see 405.1121(d)) promptly reevaluates the patient's need for monthly physician visits as well as the continued need for skilled nursing facility services (see 405.1137(d)).	
F117				If the utilization review committee or the medical review team does not concur in the schedule of visits at intervals of more than 30 days, the alternate schedule is not acceptable.	

NAME OF FACILITY

	YES	NO	N/A	LIST NUMBER OF SKILLED NURSING PATIENTS ON ALTERNATE SCHEDULE OF VISITS:	EXPLANATORY STATEMENTS
F118 →				MEDICARE	
F119 →				MEDICAID	
F120 →				WERE ALTERNATE SCHEDULES APPROVED BY UR COMMITTEE? (1) ☐ YES (2) ☐ NO (3) ☐ N/A	
F121 →				WAS STATE MEDICAID AGENCY NOTIFIED *(as applicable)* ? (1) ☐ YES (2) ☐ NO (3) ☐ N/A	
F122 →				☐ MET ☐ NOT MET *(c) Standard: Availability of physicians for emergency patient care.* The facility has written procedures, available at each nurses station, that provide for having a physician available to furnish necessary medical care in case of emergency.	

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NAME OF FACILITY

Nursing Services

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F123				**V. Nursing services. (405.1124)** — The skilled nursing facility provides 24-hour service by licensed nurses, including the services of a registered nurse at least during the day tour of duty 7 days a week. There is an organized nursing service with a sufficient number of qualified nursing personnel to meet the total nursing needs of all patients. (See §405.1911(a) regarding waiver of the 7-day registered nurse requirement.)	
F124				☐ MET ☐ NOT MET *(a) Standard: Director of nursing services.* The director of nursing services is a qualified registered nurse employed full-time Has, in writing, administrative authority, responsibility, and accountability for the functions, activities, and training of the nursing services staff, and serves only one facility in this capacity.	
F125				If the director of nursing services has other institutional responsibilities, a qualified registered nurse serves as assistant so that there is the equivalent of a full-time director of nursing services on duty.	
F126				The director of nursing services is responsible for the development and maintenance of nursing service objectives, standards of nursing practice, nursing policy and procedure manuals, written job descriptions for each level of nursing personnel, scheduling of daily rounds to see all patients, methods for coordination of nursing services with other patient services, for recommending the number and levels of nursing personnel to be employed, and nursing staff development. (See 405.1121(h).)	
F127					
F128					
				NAME AND REGISTRATION NUMBER OF DIRECTOR OF NURSING:	

	YES	NO	N/A		EXPLANATORY STATEMENTS
F129				☐ MET ☐ NOT MET *(b) Standard: Charge nurse.* A registered nurse, or a qualified licensed practical (vocational) nurse, is designated as charge nurse by the director of nursing services for each tour of duty	
F130				Is responsible for supervision of the total nursing activities in the facility during each tour of duty.	
F131				The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more patients.	
F132				The charge nurse delegates responsibility to nursing personnel for the direct nursing care or specific patients during each tour to duty, on the basis of staff qualifications, size, and physical layout of the facility, characteristics of the patient load, and the emotional, social, and nursing care needs of patients.	
F133					
F134				☐ MET ☐ NOT MET *(c) Standard: Twenty-four-hour nursing service* The facility provides 24-hour nursing services which are sufficient to meet total nursing needs and which are in accordance with the patient care policies developed as provided in 405.1121(l).	
F135				The policies are designed to ensure that each patient receives treatments, medications, and diet as prescribed, and rehabilitative nursing care as needed; receives proper care to prevent decubitus ulcers and deformities, and is kept comfortable, clean, well-groomed, and protected from accident, injury, and infection; and encouraged, assisted, and trained in self care and group-activities.	
F136					

	YES	NO	N/A
F137			
F138			

Nursing personnel, including at least one registered nurse on the day tour of duty 7 days a week, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the patient load.

Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty.

(If a distinct part certification, in an ICF or uncertified facility, show the staffing for the DP, and if appropriate, the entire facility and explain any sharing of nursing personnel.)

EXPLANATORY STATEMENTS

LIST THE NUMBER OF FULL-TIME EQUIVALENTS OF RN'S, LPN'S, AIDES/ORDERLIES ASSIGNED TO NURSING DUTY FROM THE LAST 3 COMPLETE WEEKS AVAILABLE:

	SHIFT	SUN.			MON.			TUES.			WED.			THURS.			FRI.			SAT.		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
F139	DP — DAY																					
F140	ENTIRE FAC. — DAY																					
F141	DP — EVENING																					
F142	ENTIRE FAC. — EVENING																					
F143	DP — NIGHT																					
F144	ENTIRE FAC. — NIGHT																					

SHIFT		SUN.			MON.			TUES.			WED.			THURS.			FRI.			SAT.		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DP	DAY																					
ENTIRE FAC.	DAY																					
DP	EVENING																					
ENTIRE FAC.	EVENING																					
DP	NIGHT																					
ENTIRE FAC.	NIGHT																					

	YES	NO	N/A
F145			
F146			
F147			
F148			
F149			
F150			
F151			
F152			
F153			
F154			
F155			
F156			
F157			
F158			
F159			
F160			
F161			
F162			
F163			
F164			
F165			
F166			
F167			
F168			

SHIFT		SUN.			MON.			TUES.			WED.			THURS.			FRI.			SAT.		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP																					
	ENTIRE FAC.																					
EVENING	DP																					
	ENTIRE FAC.																					
NIGHT	DP																					
	ENTIRE FAC.																					

Is Director of Nursing included in above schedule?

1. ☐ YES 2. ☐ NO

NUMBER	
	PATIENT CENSUS ON DATE OF SURVEY.
	NUMBER OF COMPLETELY BEDFAST PATIENTS.
	NUMBER OF PATIENTS REQUIRING NO ASSISTANCE WITH AMBULATION.
	NUMBER OF PATIENTS REQUIRING ASSISTANCE WITH AMBULATION (I.E. WHEELCHAIR, WALKER, CANE, ETC.).
	NUMBER OF PATIENTS REQUIRING FULL ASSISTANCE IN EATING.
	NUMBER OF PATIENTS REQUIRING SOME ASSISTANCE IN EATING.
	NUMBER OF PATIENTS WITH INDWELLING CATHETERS
	NUMBER OF INCONTINENT PATIENTS (BOWEL AND/OR BLADDER).
	NUMBER OF PATIENTS WITH DECUBITI.
	NUMBER OF PATIENTS ON INDIVIDUALLY WRITTEN BOWEL AND BLADDER RETRAINING PROGRAM.
	NUMBER OF PATIENTS RECEIVING SPECIAL SKIN CARE
	NUMBER OF CONFUSED OR DISORIENTED PATIENTS
	NUMBER OF PATIENTS RECEIVING INTRAVENOUS THERAPY AND/OR BLOOD TRANSFUSION.
	NUMBER OF BED-TO-CHAIR PATIENTS.

PATIENT CENSUS:

MEDICARE _____

MEDICAID _____

OTHER _____

EXPLANATORY STATEMENTS

	YES	NO	N/A	EXPLANATORY STATEMENTS
F169 →				☐ MET ☐ NOT MET

(d) Standard: Patient care plan.

In coordination with the other patient care services to be provided, a written patient care plan for each patient is developed and maintained by the nursing service consonant with the attending physician's plan of medical care, and is implemented upon admission.

F170 | F171

The plan indicates care to be given and goals to be accomplished and which professional service is responsible for each element of care.

F172

The patient care plan is reviewed, evaluated, and updated as necessary by all professional personnel involved in the care of the patient.

F173 → ☐ MET ☐ NOT MET

(e) Standard: Rehabilitative nursing care.

F174

Nursing personnel are trained in rehabilitative nursing,

F175

The facility has an active program of rehabilitative nursing care which is an integral part of nursing service and is directed toward assisting each patient to achieve and maintain an optimal level of self-care and independence.

F176

Rehabilitative nursing care services are performed daily for those patients who require such service, and are recorded routinely.

F177 → ☐ MET ☐ NOT MET

(f) Standard: Supervision of patient nutrition.

F178

Nursing personnel are aware of the nutritional needs and food and fluid intake of patients and assist promptly where necessary in the feeding of patients.

F179

A procedure is established to inform the dietetic service of physicians' diet orders and of patients' dietetic problems.

F180

Food and fluid intake of patients is observed, and deviations from normal are recorded and reported to the charge nurse and the physician.

	YES	NO	N/A	☐ MET ☐ NOT MET
F181				*(g) Standard: Administration of drugs.* Drugs and biologicals are administered only by physicians, licensed nursing personnel, or by other personnel who have completed a State-approved training program in medication administration.
F182				Procedures are established by the pharmaceutical services committee (see 405.1127(d)) to ensure that drugs are checked against physicians' orders,
F183				The patient is identified prior to administration of a drug,
F184				Each patient has an individual medication record,
F185				The dose of a drug administered to that patient is properly recorded therein by the person who administers the drug.
F186				Drugs and biologicals are administered as soon as possible after doses are prepared,
F187				Administered by the same person who prepared the doses for administration, except under single unit dose package distribution systems. (See 405.1101(h).)
F188				
F189				☐ MET ☐ NOT MET *(h) Standard: Conformance with physicians' drug orders* Drugs are administered in accordance with written orders of the attending physician.
F190				Drugs not specifically limited as to time or number of doses when ordered are controlled by automatic stop orders or other methods in accordance with written policies.
F191				Physicians' verbal orders for drugs are given only to a licensed nurse, pharmacist, or physician and are immediately recorded and signed by the person receiving the order. (Verbal orders for Schedule II drugs are permitted only in the case of a bona fide emergency situation.)
F192				Such orders are countersigned by the attending physician within 48 hours.
F193				The attending physician is notified of an automatic stop order prior to the last dose so that the physician may decide if the administration of the drug or biological is to be continued or altered.
F194				

EXPLANATORY STATEMENTS

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY STATEMENTS
				Stop-order policies for following are:	
F195			→	Narcotics _____ days	
F196			→	Anti-coagulants _____ days	
F197			→	Antibiotics _____ days	
F198			→	Barbituates _____ days	
F199			→	Review of (No.) _____ charts indicates stop-order policies are observed:	
F200			→	1. ☐ YES 2. ☐ NO	
F201			→	☐ MET ☐ NOT MET	
				(i) Standard: Storage of drugs and biologicals.	
F202				Procedures for storing and disposing of drugs and biologicals are established by the pharmaceutical services committee.	
F203				In accordance with State and Federal laws, all drugs and biologicals, are stored in locked compartments under proper temperature controls.	
F204				Only authorized personnel have access to the keys.	
F205				Separately locked, permanently affixed compartments are provided for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention & Control Act of 1970 and other drugs subject to abuse, except under single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	
F206				An emergency medication kit approved by the pharmaceutical services committee is kept readily available.	

NAME OF FACILITY

Dietetic Services

	YES	NO	N/A	
F207				☐ MET ☐ NOT MET **VI. Dietetic services. (405.1125)** — The skilled nursing facility provides a hygienic dietetic service that meets the daily nutritional needs of patients, ensures that special dietary needs are met, and provides palatable and attractive meals. A facility that has a contract with an outside food management company may be found to be in compliance with this condition provided the facility and/or company meets the standards listed herein.
F208				☐ MET ☐ NOT MET *(a) Standard: Staffing.* Overall supervisory responsibility for the dietetic service is assigned to a full-time qualified dietetic service supervisor.
F209				
F210				If the dietetic service supervisor is not a qualified dietitian the dietetic service supervisor functions with frequent, regularly scheduled consultation from a person so qualified. (See 405.1121(i).)
F211				In addition, the facility employs sufficient supportive personnel competent to carry out the functions of the dietetic service.
F212				Food service personnel are on duty daily over a period of 12 or more hours.
F213				If consultant dietetic services are used, the consultant's visits are at appropriate times, and of sufficient duration and frequency to provide continuing liaison with medical and nursing staffs, advice to the administrator, patient counseling, guidance to the supervisor and staff of the dietetic service, approval of all menus, and participation in development or revision of dietetic policies and procedures and in planning and conducting inservice education programs (see 405.1121(h).)

EXPLANATORY STATEMENTS

NAME OF FACILITY

Dietetic Services (Continued)

	YES	NO	N/A	NAME OF PERSON RESPONSIBLE FOR DIETARY SERVICE:	EXPLANATORY STATEMENTS

QUALIFICATIONS:

IF ABOVE PERSON IS NOT A QUALIFIED DIETITIAN, GIVE NAME OF CONSULTANT DIETITIAN:

FREQUENCY OF CONSULTATION	CONSULTANT'S ADA NUMBER, IF ANY
F214 → HOURS PER WEEK	

GIVE FULL TIME EQUIVALENTS

SHIFT 1	POSITION	S	M	T	W	T	F	S
HOURS OF SHIFT								
F215 →	COOKS →							
TO								
F216 → (E.G. 6 AM TO 1 PM)	HELPERS →							

SHIFT 2	POSITION	S	M	T	W	T	F	S
HOURS OF SHIFT								
F217 →	COOKS →							
TO								
F218 →	HELPERS →							

F219 → IF SUPERVISOR IS ALSO COOK, INDICATE NUMBER OF HOURS DEVOTED TO SUPERVISION. (DO NOT INCLUDE THESE HOURS IN ABOVE CHART.)

CONTRACT WITH FOOD MANAGEMENT COMPANY:

F220 → (1) ☐ NONE (2) ☐ ALL OF SERVICE (3) ☐ PART OF SERVICE

DESCRIBE SCOPE OF SERVICE PROVIDED UNDER CONTRACT:

NAME OF FACILITY

Dietetic Services (Continued)

	YES	NO	N/A	QUALIFICATIONS OF CONTRACT DIETITIAN:	EXPLANATORY STATEMENTS
F221				☐ MET ☐ NOT MET *(b) Standard: Menus and nutritional adequacy.* Menus are planned and followed to meet nutritional needs of patients in accordance with physicians' orders and, to the extent medically possible, in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council National Academy of Sciences.	
F222				☐ MET ☐ NOT MET *(c) Standard: Therapeutic diets.*	
F223				Therapeutic diets are prescribed by the attending physician.	
F224				Therapeutic menus are planned in writing, and prepared and served as ordered, with supervision or consultation from the dietitian and advice from the physician whenever necessary.	
F225				A current therapeutic diet manual approved by the dietitian is readily available to attending physicians and nursing and dietetic service personnel.	
				NAME OF DIET MANUAL(S) AND DATE PUBLISHED:	
F226				NUMBER OF REGULAR DIETS	
F227				NUMBER OF THERAPEUTIC DIETS	
F228				NUMBER OF MECHANICALLY ALTERED DIETS	
F229				NUMBER OF TUBE FEEDINGS	

NAME OF FACILITY

Dietetic Services (Continued)

	YES	NO	N/A	
F230				☐ MET ☐ NOT MET *(d) Standard: Frequency of meals.*
F231				At least three meals or their equivalent are served daily, at regular hours, with not more than a 14-hour span between substantial evening meal and breakfast.
F232				To the extent medically possible, bedtime nourishments are offered routinely to all patients.
				LIST THE TIMES MEALS ARE SERVED
F233				BREAKFAST _____
F234				LUNCH _____
F235				DINNER _____
F236				OTHER _____
F237				☐ MET ☐ NOT MET *(e) Standard: ~~Preparation and service of food~~*
F238				Foods are prepared by methods that conserve nutritive value, flavor, and appearance, and are attractively served at the proper temperatures and in a form to meet individual needs.
F239				If a patient refuses food served, appropriate substitutes of similar nutritive value are offered.
F240				☐ MET ☐ NOT MET *(f) Standard: Hygiene of staff.*
F241				Dietetic service personnel are free of communicable diseases
F242				They practice hygienic food-handling techniques.
F243				In the event food service employees are assigned duties outside the dietetic service, these duties do not interfere with the sanitation, safety, or time required for dietetic work assignments. (See 405.1121(g).)

EXPLANATORY STATEMENTS

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F244 →				*(g) Standard: Sanitary conditions.*	
F245				Food is procured from sources approved or considered satisfactory by Federal, State, or local authorities,	
F246				Stored, prepared, distributed, and served under sanitary conditions.	
F247				Waste is disposed of properly.	
F248				Written reports of inspections by State and local health authorities are on file at the facility, with notation made of action taken by the facility to comply with any recommendations.	

NAME OF FACILITY

Specialized Rehabilitative Services

	YES	NO	N/A		EXPLANATORY STATEMENTS
F249				☐ MET ☐ NOT MET **VII. Specialized rehabilitative services. (405.1126)** — In addition to rehabilitative nursing (405.1124(e)), the skilled nursing facility provides, or arranges for, under written agreement, specialized rehabilitative services by qualified personnel (i.e., physical therapy, speech pathology and audiology, and occupational therapy) as needed by patients to improve and maintain functioning. These services are provided upon the written order of the patient's attending physician. Safe and adequate space and equipment are available, commensurate with the services offered. If the facility does not offer such services directly, it does not admit nor retain patients in need of this care unless provision is made for such services under arrangement with qualified outside resources under which the facility assumes professional responsibilities for the services rendered. (See 405.1121(i).)	
F250				☐ MET ☐ NOT MET *(a) Standard: Organization and staffing.* Specialized rehabilitative services are provided, in accordance with accepted professional practices, by qualified therapists or by qualified assistants or other supportive personnel under the supervision of qualified therapists.	
F251					
F252				Other rehabilitative services also may be provided, but must be in a facility where all rehabilitative services are provided through an organized rehabilitative service under the supervision of a physician qualified in physical medicine who determines the goals and limitations of these services and assigns duties appropriate to the training and experience of those providing such services.	
F253				Written administrative and patient care policies and procedures are developed for rehabilitative services by appropriate therapists and representatives of the medical, administrative, and nursing staffs.	

List Rehabilitative Services:

TYPE OF SERVICE	PROVIDED BY FACILITY	OUTSIDE RESOURCE

	YES	NO	N/A		EXPLANATORY STATEMENTS
F254 →				☐ MET ☐ NOT MET Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service. Therapy is provided only upon written orders of the attending physician. A report of the patient's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. The patient'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.	
F255					
F256					
F257					
F258					
F259 →				☐ MET ☐ NOT MET *(c) Standard: Documentation of services.* The physicians' orders, the plan of rehabilitative care, services rendered, evaluations of progress, and other pertinent information are recorded in the patient's medical record, and are dated and signed by the physician ordering the service and the person who provided the service.	
F260 →				☐ MET ☐ NOT MET *(d) Standard: Qualifying to provide outpatient physical therapy services.* If the facility provides outpatient physical therapy services, it meets the applicable health and safety regulations pertaining to such services as are included in Subpart Q of this part. (See 405.1719; 405.1720; 405.1722(a) and (b) (1), (2), (3) (i), (4), (5), (6), (7), and (8); and 405.1725.)	
F261 →				Facility provides: Outpatient physical therapy (1) ☐ YES (2) ☐ NO	
F262 →				Speech therapy (1) ☐ YES (2) ☐ NO	

NAME OF FACILITY

Pharmaceutical Services

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F263 →				**VIII. Pharmaceutical services. (405.1127)** — The skilled nursing facility provides appropriate methods and procedures for the dispensing and administering of drugs and biologicals. Whether drugs and biologicals are obtained from community or institutional pharmacists or stocked by the facility, the facility is responsible for providing such drugs and biologicals for its patients, insofar as they are covered under the programs, and for ensuring that pharmaceutical services are provided in accordance with accepted professional principles and appropriate Federal, State, and local laws. (See 405.1124 (g), (h), and (i).)	
F264 →				☐ MET ☐ NOT MET *(a) Standard: Supervision of services.* The pharmaceutical services are under the general supervision of a qualified pharmacist	
F265					
F266				The pharmacist is responsible to the administrative staff for developing, coordinating, and supervising all pharmaceutical services.	
F267				The pharmacist (if not a full-time employee) devotes a sufficient number of hours, based upon the needs of the facility, during regularly scheduled visits to carry out these responsibilities.	
F268				The pharmacist reviews the drug regimen of each patient at least monthly, and reports any irregularities to the medical director and administrator.	
F269				The pharmacist submits a written report at least quarterly to the pharmaceutical services committee on the status of the facility's pharmaceutical service and staff performance.	
				NAME OF PHARMACIST:	
F270 →				(1) ☐ FULL TIME (2) ☐ PART TIME	
F271 →				IF PART TIME, HOURS PER MONTH SPENT IN FACILITY	

	YES	NO	N/A	EXPLANATORY STATEMENTS
F272 →				☐ MET ☐ NOT MET *(b) Standard: Control and accountability.* The pharmaceutical service has procedures for control and accountability of all drugs and biologicals throughout the facility.
F273				Only approved drugs and biologicals are used in the facility,
F274				They are dispensed in compliance with Federal and State laws.
F275				Records of receipt and disposition of all controlled drugs are maintained in sufficient detail to enable an accurate reconciliation.
F276				The pharmacist determines that drug records are in order and that an account of all controlled drugs is maintained and reconciled.
F277				NAME AND POSITION OF PERSON RESPONSIBLE FOR CONTROLLED DRUG RECORD:
F278 →				☐ MET ☐ NOT MET *(c) Standard: Labeling of drugs and biologicals.* The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessory and cautionary instructions as well as the expiration date when applicable.
F279 →				☐ MET ☐ NOT MET *(d) Standard: Pharmaceutical services committee.* A pharmaceutical services committee (or its equivalent) develops written policies and procedures for safe and effective drug therapy, distribution, control and use.
F280				The committee is comprised of at least the pharmacist, the director of nursing services, the administrator, and one physician.
F281				The committee oversees pharmaceutical service in the facility, makes recommendations for improvement, and monitors the service to ensure its accuracy and adequacy.
F282				The committee meets at least quarterly and documents its activities, findings and recommendations.
F283				

NAME OF FACILITY

Pharmaceutical Services (Continued)

	YES	NO	N/A

Membership of pharmaceutical services committee:

NAME	POSITION

FREQUENCY OF MEETINGS: (MONTHLY, QUARTERLY, ETC.)

F284 → 1. ☐ WEEKLY 2. ☐ MONTHLY 3. ☐ QUARTERLY

DATE OF LAST MEETING:

F285 →

EXPLANATORY STATEMENTS

	YES	NO	N/A
F286			
F287			
F288			
F289			
F290			
F291			
F292			
F293			

☐ MET ☐ NOT MET

IX. Laboratory and radiologic services (405.1128) — The skilled nursing facility has provision for promptly obtaining required laboratory, X-ray, and other diagnostic services.

☐ MET ☐ NOT MET

(a) Standard: Provision for services.

If the facility provides its own laboratory and X-ray services, these meet the applicable conditions established for certification of hospitals that are contained in 405.1028 and 405.1029, respectively.

If the facility itself does not provide such services, arrangements are made for obtaining these services from a physician's office, a participating hospital or skilled nursing facility, or a portable X-ray supplier or independent laboratory which is approved to provide these services under the program.

All such services are provided only on the orders of the attending physician,

The attending physician is notified promptly of the findings.

The facility assists the patient, if necessary, in arranging for transportation to and from the source of service.

Signed and dated reports of a clinical laboratory, X-ray, and other diagnostic services are filed with the patient's medical record.

EXPLANATORY STATEMENTS

NAME OF FACILITY

Laboratory and Radiological Services (Continued)

	YES	NO	N/A	If outside resource used, list name and provider number:
				LABORATORY
F294 →				PROVIDER NO.
				X-RAY
F295 →				PROVIDER NO.

EXPLANATORY STATEMENTS

	YES	NO	N/A	☐ MET ☐ NOT MET
F296 →				*(b) Standard: Blood and blood products.*
F297				Blood handling and storage facilities are safe, adequate, and properly supervised.
F298				If the facility provides for maintaining and transfusing blood and blood products, it meets the conditions established for certification of hospitals that are contained in 405.1028(j).
F299				If the facility does not provide its own facilities but does provide transfusion services alone, it meets at least the requirements of 405.1028(j) (1), (3), (4), (6), and (9).
				IF OUTSIDE RESOURCE USED, LIST NAME:

EXPLANATORY STATEMENTS

NAME OF FACILITY

Dental Services

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F300 →				**X. Dental services (405.1129) —** The skilled nursing facility has satisfactory arrangements to assist patients to obtain routine and emergency dental care (See 405.1121(i),) (The basic Hospital Insurance Program does not cover the services of a dentist in a skilled nursing facility in connection with the care, treatment, filling, removal, or replacement of teeth or structures supporting the teeth; and only certain oral surgery is included in the Supplemental Medical Insurance Program.)	
F301 →				☐ MET ☐ NOT MET *(a) Standard: Advisory dentist.*	
F302				An advisory dentist participates in the staff development program for nursing and other appropriate personnel (see 405.1121(h)),	
F303				The advisory dentist recommends oral hygiene policies and practices for the care of patients.	
				NAME OF ADVISORY DENTIST	
F304 →				☐ MET ☐ NOT MET *(b) Standard: Arrangements for outside services.*	
F305				The facility has a cooperative agreement with a dental service,	
F306				Maintains a list of dentists in the community for patients who do not have a private dentist.	
F307				The facility assists the patient, if necessary, in arranging for transportation to and from the dentist's office.	

NAME OF FACILITY

Social Services

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F308 →				XI. Social services (405.1130) — The skilled nursing facility has satisfactory arrangements for identifying the medically related social and emotional needs of the patient. It is not mandatory that the skilled nursing facility itself provide social services in order to participate in the program. If the facility does not provide social services, it has written procedures for referring patients in need of social services to appropriate social agencies. If social services are offered by the facility, they are provided under a clearly defined plan, by qualified persons, to assist each patient to adjust to the social and emotional aspects of the patient's illness, treatment, and stay in the facility.	
F309 →				☐ MET ☐ NOT MET *(a) Standard: Social service functions.* The medically related social service and emotional needs of the patient are identified,	
F310					
F311				Services are provided to meet them, either by qualified staff of the facility, or by referral, based on established procedures, to appropriate social agencies.	
F312				If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.	
F313				The patient and family or responsible person are fully informed of the patient's personal and property rights.	

NAME OF FACILITY

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F314 →				*(b) Standard: Staffing.*	
F315				If the facility offers social services, a member of the staff of the facility is designated as responsible for social services.	
F316				If the designated person is not a qualified social worker, the facility has a written agreement with a qualified social worker or recognized social agency for consultation and assistance on a regularly scheduled basis. (See 405.1121(i).)	
F317				The social service also has sufficient supportive personnel to meet patient needs	
F318				Facilities are adequate for social service personnel, easily accessible to patients and medical and other staff, and ensure privacy for interviews.	
				NAME OF PERSON RESPONSIBLE FOR SOCIAL SERVICES	
				If not qualified social worker, qualified consultant or social agency provides assistance	
F319 →				(1) ☐ YES (2) ☐ NO	
				IF SOCIAL AGENCY USED, GIVE NAME:	
F320 →				☐ MET ☐ NOT MET	
				(c) Standard: Records and confidentiality of social data.	
F321				Records of pertinent social data about personal and family problems medically related to the patient's illness and care, and of action taken to meet the patient's needs, are maintained in the patient's medical record.	
F322				If social services are provided by an outside resource, a record is maintained of each referral to such resource.	
F323				Policies and procedures are established for ensuring the confidentiality of all patients' social information.	

NAME OF FACILITY

Patient Activities

	YES	NO	N/A		EXPLANATORY STATEMENTS
F324				☐ MET ☐ NOT MET **XII. Patient activities (405.1131) —** The skilled nursing facility provides for an activities program, appropriate to the needs and interests of each patient, to encourage self care, resumption of normal activities, and maintenance of an optimal level of psychosocial functioning.	
F325				☐ MET ☐ NOT MET *(a) Standard: Responsibility for patient activities.*	
F326				A member of the facility's staff is designated as responsible for the patient activities program.	
F327				If not a qualified patient activities coordinator, this staff member functions with frequent, regularly scheduled consultation from a person so qualified. (See 405.1121(i).)	
				NAME OF PATIENT ACTIVITIES COORDINATOR	
F328				If not qualified, consultation is provided (1) ☐ YES (2) ☐ NO	
				NAME OF CONSULTANT	
F329				Frequency of consultation _____ hours per month	
F330				☐ MET ☐ NOT MET *(b) Standard: Patient activities program.*	
F331				Provision is made for an ongoing program of meaningful activities appropriate to the needs and interests of patients, designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.	
F332				Each patient's activities program is approved by the patient's attending physician as not in conflict with the treatment plan.	
F333				The activities are designed to promote the physical, social and mental well-being of the patients.	
F334				The facility makes available adequate space and a variety of supplies and equipment to satisfy the individual interests of patients (see 405.1134(g)).	

NAME OF FACILITY

Medical Records

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F335 →				**XIII. Medical records (405.1132)** — The facility maintains clinical (medical) records on all patients in accordance with accepted professional standards and practices. The medical record service has sufficient staff, facilities, and equipment to provide medical records that are completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information.	
F336 →				☐ MET ☐ NOT MET *(a) Standard: Staffing.* Overall supervisory responsibility for the medical record service is assigned to a full-time employee of the facility.	
F337				The facility also employs sufficient supportive personnel competent to carry out the functions of the medical record service.	
F338				If the medical record supervisor is not a qualified medical record practitioner, this person functions with consultation from a person so qualified. (See 405.1121(i).)	
F339				NAME AND TITLE OF FULL TIME PERSON RESPONSIBLE FOR MEDICAL RECORDS	
F340 →				If not qualified, consultation is provided (1) ☐ YES (2) ☐ NO	
F341 →				Frequency of consultation _____ hours per month	
				NAME AND TITLE OF CONSULTANT	
F342 →				(1) ☐ ART (2) ☐ RRA	
F343 →				☐ MET ☐ NOT MET *(b) Standard: Protection of medical record information.* The facility safeguards medical record information against loss, destruction, or unauthorized use.	

NAME OF FACILITY

Medical Records (Continued)

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F344				*(c) Standard: Content.* The medical record contains sufficient information to identify the patient clearly, to justify the diagnosis and treatment, and to document the results accurately.	
F345					
F346				All medical records contain the following general categories of data: documented evidence of assessment of the needs of the patient, of establishment of an appropriate plan of treatment, and of the care and services provided; authentication of hospital diagnoses (discharge summary, report from patient's attending physician, or transfer form), identification data and consent forms, medical and nursing history of patient, report of physical examination(s), diagnostic and therapeutic orders, observations and progress notes, reports of treatments and clinical findings, and discharge summary including final diagnosis and prognosis.	
F347				NUMBER OF RECORDS EXAMINED	
F348				CURRENT INPATIENT	
F349				DISCHARGED PATIENTS	
				METHOD OF SELECTION OF CASES FOR EXAMINATION	
				LIST TYPE OF DATA WHICH IS LACKING	
				ON HOW MANY RECORDS	
F350				☐ MET ☐ NOT MET *(d) Standard: Physician documentation.*	
F351				Only physicians enter or authenticate in medical records opinions that require medical judgment (in accordance with medical staff bylaws, rules, and regulations, if applicable).	
F352				All physicians sign their entries into the medical record.	

	YES	NO	N/A		EXPLANATORY STATEMENTS
F353				☐ MET ☐ NOT MET *(e) Standard: Completion of records and centralization of reports.* Current medical records and those of discharged patients are completed promptly.	
F354					
F355				All clinical information pertaining to a patient's stay is centralized in the patient's medical record.	
F356				☐ MET ☐ NOT MET *(f) Standard: Retention and preservation.* Medical records are retained for a period of time not less than that determined by the respective State statute, the statute of limitations in the State, or 5 years from the date of discharge in the absence of a State statute, or, in the case of a minor, 3 years after the patient becomes of age under State law.	
F357				☐ MET ☐ NOT MET *(g) Standard: Indexes* Patients' medical records are indexed according to name of patient and final diagnoses to facilitate acquisition of statistical medical information and retrieval of records for research or administrative action.	
F358				☐ MET ☐ NOT MET *(h) Standard: Location and facilities.* The facility maintains adequate facilities and equipment, conveniently located, to provide efficient processing of medical records (reviewing, indexing, filing, and prompt retrieval).	

NAME OF FACILITY

Transfer Agreement

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F359 →				**XIV. Transfer agreement (405.1133)** — The skilled nursing facility has in effect a transfer agreement with one or more hospitals approved for participation under the programs, which provides the basis for effective working arrangements under which inpatient hospital care or other hospital services are available promptly to the facility's patients when needed. (A facility that has been unable to establish a transfer agreement with the hospital(s) in the community or service area after documented attempts to do so is considered to have such an agreement in effect.)	
F360 →				☐ MET ☐ NOT MET *(a) Standard: Patient transfer.*	
F361				A hospital and a skilled nursing facility shall be considered to have a transfer agreement in effect if, by reason of a written agreement between them or (in case the two institutions are under common control) by reason of a written undertaking by the person or body which controls them, there is reasonable assurance that:	
F362				1) Transfer of patients will be effected between the hospital and the skilled nursing facility, ensuring timely admission, whenever such transfer is medically appropriate as determined by the attending physician, and	
F363				2) There will be interchange of medical and other information necessary or useful in the care and treatment of individuals transferred between the institutions, or in determining whether such individuals can be adequately cared for otherwise than in either of such institutions, and	
F364				3) Security and accountability for patients' personal effects are provided on transfer.	

NAME OF FACILITY

Transfer Agreement (Continued)

	YES	NO	N/A		EXPLANATORY STATEMENTS
				Any skilled nursing facility which does not have such agreement in effect, but which is found by a State agency (of the State in which such facility is situated) with which an agreement under section 1864 is in effect (or, in the case of a State in which no such agency has an agreement under 1864, by the Secretary) to have attempted in good faith to enter into such an agreement with a hospital sufficiently close to the facility to make feasible the transfer between them of patients and the information referred to in paragraph (a)(2) of this section, shall be considered to have such an agreement in effect if and for so long as such agency (or the Secretary, as the case may be) finds that to do so is in the public interest and essential to ensuring skilled nursing facility services for persons in the community who are eligible for payments with respect to such services under the programs.	
				NAME OF HOSPITAL:	
F365 →				HOSPITAL PROVIDER NO.	

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F366 →				**XV. Physical environment (405.1134) —** The skilled nursing facility is constructed, equipped, and maintained to protect the health and safety of patients, personnel, and the public.	
				(a) Standard: Life safety from fire. The skilled nursing facility meets such provisions of the Life Safety Code of the National Fire Protection Association (21st Edition, 1967) as are applicable to nursing homes; except that, in consideration of a recommendation by the State survey agency, the Secretary may waive for such periods as deemed appropriate specific provisions of such Code which, if rigidly applied would result in unreasonable hardship upon a skilled nursing facility, but only if such waiver will not adversely affect the health and safety of the patients; and except that the provisions of such Code shall not apply in any State if the Secretary finds, in accordance with applicable provisions of section 1861(j)(13) of the Social Security Act, that in such State there is in effect a fire and safety code, imposed by State law, which adequately protects patients in skilled nursing facilities. Where waiver permits the participation of an existing facility of two or more stories which is not of at least 2-hour fire resistive construction, blind, nonambulatory, or physically handicapped patients are not housed above the street level floor unless the facility is of 1-hour protected noncombustible construction (as defined in National Fire Protection Association Standard No. 220), fully sprinklered 1-hour protected ordinary construction, or fully sprinklered 1-hour protected wood-frame construction. Nonflammable medical gas systems, such as oxygen and nitrous oxide, installed in the facility comply with applicable provisions of National Fire Protection Association Standard No. 56B (Standard for the Use of Inhalation Therapy) 1968 and National Fire Protection Association Standard No. 56F (Nonflammable Medical Gas Systems) 1970.	

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F367 →				*(b) Standard: Emergency power.*	
F368				The facility provides an emergency source of electrical power necessary to protect the health and safety of patients in the event the normal electrical supply is interrupted.	
F369				The emergency electrical power system must supply power adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems.	
F370				Where life support systems are used, emergency electrical service is provided by an emergency generator located on the premises.	
F371 →				☐ MET ☐ NOT MET *(c) Standard: Facilities for physically handicapped*	
F372				The facility is accessible to, and functional for, patients, personnel, and the public.	
F373				All necessary accommodations are made to meet the needs of persons with semiambulatory disabilities, sight and hearing disabilities, disabilities of coordination, as well as other disabilities, in accordance with the American National Standards Institute (ANSI) Standard No. A117.1, American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped.	
				The Secretary (or in the case of a facility participating as a skilled nursing facility under XIX only, the survey agency — see 249.33(a)(1)(i) of this title) may waive in existing buildings, for such periods as deemed appropriate, specific provisions of ANSI Standard No. A117.1 which, if rigidly enforced, would result in unreasonable hardship upon the facility, but only if such waiver will not adversely affect the health and safety of patients.	
F374				4.1 Are the facility grounds graded to the same level as the primary entrance so that the building is accessible to the physically handicapped?	

NAME OF FACILITY

Physical Environment (Continued)

	YES	NO	N/A		EXPLANATORY STATEMENTS
F375				4.2 Is the width and grade of walks used by patients and public, designed so that they can be utilized by the handicapped?	
F376				4.3 If the facility has a parking lot, is properly designated parking space available near the building, allowing room for the physically handicapped to get in and out of an automobile onto a surface suitable for wheeling and walking?	
F377				5.1 Are ramps designed so that they can be negotiated by individuals in wheelchairs?	
F378				5.2 Is there a primary entrance usable by persons in wheelchairs? (LSC-SRF 3-5)	
F379				5.3 Are doors used by patients and public of sufficient width and so equipped and of a weight to permit persons in wheelchairs to open them with a single effort? (LSC-SRF 4-2)	
F380				5.4.1 Are stairs that may be used by the physically handicapped of a height and design that allows such individuals to negotiate them without assistance?	
F381				5.4.3 Are these stairs equipped with handrails, at least one of which extends past the top and bottom steps?	
F382				5.5 Are floors non-slip and on a common level or connected by a negotiable ramp on each story?	
F383				5.6 Is there an appropriate number of toilet rooms accessible to and usable by the handicapped?	
F384				5.7 Is there an appropriate number of water fountains accessible to and usable by the handicapped?	
F385				5.8 Is there an appropriate number of public telephones accessible to and usable by the handicapped?	
F386				5.9 If a multi-story building, are elevators accessible to and usable by the handicapped, at entrance level and all levels normally used by the public? (LSC-SRF 7-4)	
F387				5.10 Are switches and controls of frequent or essential use within reach of wheelchair users?	

	YES	NO	N/A		EXPLANATORY STATEMENTS
F388				5.11 Does the facility provide appropriate means for the blind to identify rooms, facilities, and hazardous areas?	
F389				5.12 Does the facility provide simultaneous audible and visual warning signals? (LSC-SRF 6-1)	
F390				5.13 Does the facility exercise safeguards to eliminate hazards for the handicapped?	
F391				Are patient closets accessible to and usable by the physically handicapped? 1. ☐ YES 2. ☐ NO	
F392				Are patient beds of a height that permits an individual in a wheel chair to get in and out of bed unassisted? 1. ☐ YES 2. ☐ NO	
F393				☐ MET ☐ NOT MET *(d) Standard: Nursing unit.* Each nursing unit has at least the following basic service areas: Nurses station, storage and preparation area(s) for drugs and biologicals, and utility and storage rooms that are adequate in size, conveniently located, and well lighted to facilitate staff functioning.	
F394					
F395				The nurses station is equipped to register patients' calls through a communication system from patient areas, including patient rooms and toilet and bathing facilities.	
F396				☐ MET ☐ NOT MET *(e) Standard: Patient rooms and toilet facilities* Patient rooms are designed and equipped for adequate nursing care and the comfort and privacy of patients.	
F397					
F398				They have no more than four beds, except in facilities primarily for the care of the mentally ill and/or retarded where there shall be no more than 12 beds per room. (An institution primarily engaged in the care of the mentally retarded or in the treatment of mental diseases cannot qualify as a participating skilled nursing facility under Medicare.)	

	YES	NO	N/A		EXPLANATORY STATEMENTS
F399				Single patients rooms measure at least 100 square feet,	
F400				Multipatient rooms provide a minimum of 80 square feet per bed.	
				The Secretary (or in the case of a facility participating as a skilled nursing facility under title XIX only, the survey agency — see 249.33(a)(1)(i) of this title) may permit variations in individual cases where the facility demonstrates in writing that such variations are in accordance with the particular needs of the patients and will not adversely affect their health and safety.	
F401				Each room is equipped with, or is conveniently located near, adequate toilet and bathing facilities.	
F402				Each room has direct access to a corridor and outside exposure, with the floor at or above grade level.	
F403				☐ MET ☐ NOT MET	
				(f) Standard: Facilities for special care.	
F404				Provision is made for isolating patients as necessary in single rooms ventilated to the outside, with private toilet and handwashing facilities.	
F405				Procedures in aseptic and isolation techniques are established in writing and followed by all personnel.	
F406				Such areas are identified by appropriate precautionary signs.	
F407				☐ MET ☐ NOT MET	
				(g) Standard: Dining and patient activities rooms.	
F408				The facility provides one or more clean, orderly, and appropriately furnished rooms of adequate size designated for patient dining and for patient activities.	
F409				These areas are well-lighted and well-ventilated.	
F410				If a multipurpose room is used for dining and patient activities, there is sufficient space to accommodate all activities and prevent their interference with each other.	
F411				SEATING CAPACITY OF DINING AREA(S)	
F412				NUMBER OF PATIENTS NORMALLY EATING IN DINING ROOM	

NAME OF FACILITY

Physical Environment (Continued)

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F413 →				*(h) Standard: Kitchen and dietetic service areas.*	
F414				The facility has kitchen and dietetic service areas adequate to meet food service needs.	
F415				These areas are properly ventilated, and arranged and equipped for sanitary refrigeration, storage, preparation, and serving of food as well as for dish and utensil cleaning and refuse storage and removal.	
F416 →				☐ MET ☐ NOT MET *(i) Standard: Maintenance of equipment, building, and grounds.*	
F417				The facility establishes a written preventive maintenance program to ensure that equipment is operative	
F418				The interior and exterior of the building are clean and orderly.	
F419				All essential mechanical, electrical, and patient care equipment is maintained in safe operating condition.	
F420 →				☐ MET ☐ NOT MET *(j) Standard: Other environmental considerations.*	
F421				The facility provides a functional, sanitary, and comfortable environment for patients, personnel, and the public.	
F422				Provision is made for adequate and comfortable lighting levels in all areas.	
F423				There is limitation of sounds at comfort levels,	
F424				A comfortable room temperature is maintained	
F425				There are procedures to ensure water to all essential areas in the event of loss of normal water supply,	
F426				Adequate ventilation through windows or mechanical means or a combination of both.	
F427				Corridors are equipped with firmly secured handrails on each side.	

NAME OF FACILITY

Infection Control

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F428 →				**XVI. Infection control (405.1135)** — The skilled nursing facility establishes an infection control committee of representative professional staff with responsibility for overall infection control in the facility. All necessary housekeeping and maintenance services are provided to maintain a sanitary and comfortable environment and to help prevent the development and transmission of infection.	
F429 →				☐ MET ☐ NOT MET *(a) Standard: Infection control committee.* The infection control committee is composed of members of the medical and nursing staffs, administration, and the dietetic, pharmacy, housekeeping, maintenance, and other services.	
F430					
F431				The committee establishes policies and procedures for investigating, controlling, and preventing infections in the facility,	
F432				Monitors staff performance to ensure that the policies and procedures are executed.	
				(a) Members of infection control committee.	
				NAME / POSITION	
F433 →				FREQUENCY OF MEETINGS (1) ☐ WEEKLY (2) ☐ MONTHLY (3) QUARTERLY	
F434 →				DATE OF LAST MEETING:	
F435 →				☐ MET ☐ NOT MET *(b) Standard: Aseptic and isolation techniques.* Written effective procedures in aseptic and isolation techniques are followed by all personnel.	
F436					
F437				Procedures are reviewed and revised annually for effectiveness and improvement.	

NAME OF FACILITY

Infection Control (Continued)

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F438 →				*(c) Standard: Housekeeping.*	
F439				The facility employs sufficient housekeeping personnel	
F440				Provides all necessary equipment to maintain a safe, clean, and orderly interior.	
F441				A full-time employee is designated responsible for the services and for supervision and training of personnel.	
F442				Nursing personnel are not assigned housekeeping duties.	
F443				If a facility has a contract with an outside resource for housekeeping services the facility and/or outside resource meets the requirements of the standard.	
				NAME OF HOUSEKEEPING SUPERVISOR:	
F444 →				☐ MET ☐ NOT MET *(d) Standard: Linen.*	
F445				The facility has available at all times a quantity of linen essential for proper care and comfort of patients.	
F446				Linens are handled, stored, processed, and transported in such a manner as to prevent the spread of infection.	
F447 →				☐ MET ☐ NOT MET *(e) Standard: Pest control.*	
				The facility is maintained free from insects and rodents through operation of a pest control program.	

NAME OF FACILITY

Disaster Preparedness

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F448 →				**XVII. Disaster preparedness (405.1136)** — The skilled nursing facility has a written plan, periodically rehearsed, with procedures to be followed in the event of an internal or external disaster and for the care of casualties (patients and personnel) arising from such disasters.	
F449 →				☐ MET ☐ NOT MET *(a) Standard: Disaster plan.*	
F450				The facility has an acceptable written plan in operation, with procedures to be followed in the event of fire, explosion, or other disaster.	
F451				The plan is developed and maintained with the assistance of qualified fire, safety, and other appropriate experts,	
F452				Includes procedures for prompt transfer of casualties and records,	
F453				Instructions regarding the location and use of alarm systems and signals and of fire-fighting equipment,	
F454				Information regarding methods of containing fire	
F455				Procedures for notification or appropriate persons,	
F456				Specifications of evacuation routes and procedures. (See 405.1134(a).)	
F457 →				☐ MET ☐ NOT MET *(b) Standard: Staff training and drills.*	
F458				All employees are trained, as part of their employment orientation, in all aspects of preparedness for any disaster.	
F459				The disaster program includes orientation and ongoing training and drills for all personnel in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster. (See 405.1121(h).)	

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F460 →				**XVIII. Utilization review (405.1137)** — The skilled nursing facility carries out utilization review of the services provided in the facility at least to inpatients who are entitled to benefits under the program(s). Utilization review has as its overall objectives both the maintenance of high quality patient care and assurance of appropriate and efficient utilization of facility services. There are two elements to utilization review: medical care evaluation studies that identify and examine patterns of care provided in the facility and review of extended duration cases which is concerned with efficiency, appropriateness, and cost effectiveness of care. If the Secretary determines that the utilization review procedures established pursuant to title XIX are superior in their effectiveness to the procedures required under this section, the Secretary may, to the extent that the Secretary deems it appropriate, require for purposes of this title that the procedures established pursuant to title XIX be utilized instead of the procedures required by this section.	
F461 →				☐ MET ☐ NOT MET *(a) Standard: Written plan of utilization review activity.*	
F462				The facility has a written, currently applicable utilization review plan, approved by the governing body and the medical director or organized medical staff (if applicable),	
F463				which includes at least the following: (1) procedures for medical care evaluation studies, and for dissemination and followup of study findings and committee recommendations; (2) definition of the period(s) of extended duration and procedures for review of individual cases of extended duration; (3) a method for identifying patients other than by name (e.g., medical record number); and (4) provisions for maintaining written records of committee activities.	

NAME OF FACILITY

Utilization Review (Continued)

	YES	NO	N/A		EXPLANATORY STATEMENTS
F464				☐ MET ☐ NOT MET *(b) Standard: Composition and organization of utilization review committee.*	
F465				The committee or group responsible for utilization review is composed of two or more physicians and optionally, other professional personnel.	
F466				All medical determinations are made by the physician members of the committee.	
F467				No physicians review any case in which they were professionally involved.	
F468				COMMITTEE IS:(1) ☐ IN-HOUSE (2) ☐ LOCAL MEDICAL SOCIETY (3) ☐ OTHER (SPECIFY) _____	
				INDICATE THE PROFESSIONAL DISCIPLINES REPRESENTED ON THE UTILIZATION REVIEW COMMITTEE AND GIVE NUMBER OF EACH:	
F469				PHYSICIANS	
F470				NURSES	
F471				ADMINISTRATORS	
F472				MEDICAL RECORD ADMINISTRATOR	
F473				SOCIAL WORKER	
F474				OTHER (SPECIFY)	
F475				☐ MET ☐ NOT MET *(c) Standard: Medical care evaluation studies.*	
F476				Medical care evaluation studies are performed to promote the most effective and appropriate use of available health facilities and services consistent with patient needs and professionally recognized standards of health care.	
F477				Studies which could include assessment of findings resulting from periodic medical review, emphasize identification and analysis of patterns of patient care and changes indicated to maintain consistent high quality of services.	

NAME OF FACILITY

Utilization Review (Continued)

	YES	NO	N/A		EXPLANATORY STATEMENTS
F478				Each medical care evaluation study (whether medical or administrative in emphasis) identifies and analyzes factors related to the patient care rendered in the facility, and serves as the basis for recommendations for change beneficial to patients, staff, the facility, and the community.	
F479				Studies, on a sample or other basis, include but need not be limited to, admissions, durations of stay, and professional services (including drugs and biologicals) furnished.	
F480				At least one study is in progress at any given time.	
F481 →				ARE STUDIES MADE? (1) ☐ YES (2) ☐ NO	
F482 →				IS A STUDY NOW IN PROGRESS? (1) ☐ YES (2) ☐ NO	
				IF YES, TYPE OF STUDY	
				IF NO, GIVE EXAMPLE OF LAST STUDY DONE	
F483 →				☐ MET ☐ NOT MET *(d) Standard: Review of cases of extended duration.*	
F484				Periodic review is made of each current inpatient skilled nursing facility beneficiary case of continuous extended duration, the length of which is defined in the utilization review plan, to determine whether further inpatient stay is necessary.	
F485				Reviews may also be applied to patients not covered by the program, and/or to cases where duration of stay has not yet reached the definition(s) of extended duration.	

NAME OF FACILITY

Utilization Review (Continued)

	YES	NO	N/A	
F486				The plan may specify a different number of days for different diagnostic classes of cases, or may use the same number of days for all cases. In any event, the period(s) specified bears a reasonable relationship to current average length-of-stay statistics, and does not exceed 21 days from admission.
F487				An exception to this 21-day limit may be made where the specific diagnostic classes of cases have average lengths of stay exceeding 21 days, in which instances the plan specifies the extended duration period for each specific diagnostic class.
F488				In cases for which advance approval of payment has been made, the period(s) of extended duration may be defined as that period for which payment has been approved.
F489				After the initial review, reviews for medical necessity for further inpatient stay are made at least every 30 days for the first 90 days and at least every 90 days thereafter.
F490				A review is made and a final determination regarding the patients' further care is reached no later than 7 days following the time period specified as the period of extended duration in the utilization review plan.
				The utilization review plan specifies the number of continuous days of inpatient stay following which a review is made to determine whether further inpatient services are medically necessary. The plan may specify a different number of days for different classes of cases.
F491 →				DEFINITION OF EXTENDED DURATION: (1) ☐ VARIES BY DIAGNOSIS OR CHARACTERISTIC (2) ☐ A SINGLE NUMBER OF DAYS FOR ALL DIAGNOSES. INDICATE NUMBER OF DAYS _____
F492 →				
F493 →				WHAT MECHANISMS ASSURE TIMELY REVIEW OF EXTENDED DURATION CASES? (WITHIN 7 DAYS OF STIPULATED DATES) (1) ☐ DELEGATE PHYSICIAN (3) ☐ OTHER (SPECIFY) _____ (2) ☐ CASES MAILED
F494 →				GIVE NUMBER OF EXTENDED DURATION CASES REVIEWED IN PRIOR CALENDAR MONTH

EXPLANATORY STATEMENTS

NAME OF FACILITY

Utilization Review (Continued)

	YES	NO	N/A		EXPLANATORY STATEMENTS
F495				☐ MET ☐ NOT MET *(e) Standard: Admission or further stay not medically necessary.*	
F496				Final determination regarding the necessity for admission or for further stay, including stay beyond the period of extended duration, is limited to physician members of the committee and may be made by the full physician complement, a subcommittee, or a single committee physician.	
F497				When a single committee physician has decided that admission is not medically necessary or is inappropriate, or that further stay is no longer medically necessary, further concurrence is obtained as specified in the plan (to include at least a second committee physician) within the 7-day period.	
F498				If committee members determine, from an extended duration review or a medical care evaluation study, that further stay is not medically necessary, the attending physician is consulted or given the opportunity for consultation, and	
F499				notification is made in writing within 48 hours by the committee to the administration, the attending physician, and the patient or the patient's representative.	
F500				☐ MET ☐ NOT MET *(f) Standard: Administrative responsibilities.*	
F501				The administrative staff of the facility is kept directly and fully informed of committee activities to facilitate support and assistance.	
F502				The administrator studies and acts upon recommendations made by the committee, coordinating such functions with appropriate staff members.	

NAME OF FACILITY

Utilization Review (Continued)

	YES	NO	N/A	BRIEFLY DESCRIBE METHODS OF ADMINISTRATIVE SUPPORT:	EXPLANATORY STATEMENTS
				List below the recommendations made by the URC as a result of medical care evaluation studies, analysis of facility practices, etc., since the last survey. Indicate for each one listed the action taken by the facility:	
F503 →				Does facility's administration make available to the committee information on discharge planning or on other resources for patient care? (1) ☐ YES (2) ☐ NO DESCRIBE:	
				Briefly describe mechanism used by administrator to assure transfer of information required for continuity of patient care:	
F504 →				IS TRANSFER OF INFORMATION TIMELY? (1) ☐ YES (2) ☐ NO	
F505 →				IS CONTENT OF INFORMATION ADEQUATE FOR CONTINUING CARE? (1) ☐ YES (2) ☐ NO	

	YES	NO	N/A	☐ MET ☐ NOT MET	EXPLANATORY STATEMENTS
F506 →				*(g) Standard: Utilization review records.*	
F507				Written records of committee activities are maintained.	
F508				Appropriate reports, signed by the committee chairman, are made regularly to the medical staff, administrative staff, governing body, and sponsors (if any).	
F509				Minutes of each committee meeting are maintained and include at least: (1) Name of committee, (2) Date and duration of meeting, (3) Names of committee members present and absent, (4) Description of activities presently in progress to satisfy the requirements for medical care evaluation studies, including the subject and reason for study, dates of commencement and expected completion, summary of studies completed since the last meeting, conclusions, and followup on implementation of recommendations made from previous studies, and (5) Summary of extended duration cases reviewed, including the number of cases, case identification number, admission and review dates, and decisions reached, including the basis for each determination and action taken for each case not approved for extended care.	

NAME OF FACILITY

Utilization Review (Continued)

	YES	NO	N/A	
				THE COMMITTEE RECORDS INCLUDE:
F510				☐ LIST OF PATIENT CASES REVIEWED
F511				☐ DECISIONS ON PATIENT CASES REVIEWED
F512				☐ ADMINISTRATIVE ACTIONS RECOMMENDED BY THE COMMITTEE
				HOW OFTEN ARE MEETINGS OF THE FULL UR COMMITTEE HELD, AS VERIFIED BY THE SURVEYOR?
F513				(1) ☐ WEEKLY (2) ☐ MONTHLY (3) ☐ QUARTERLY

INTERNAL RECORDS OR METHODS WHICH ARE USED BY THE UR COMMITTEE FOR REVIEW OF EXTENDED DURATION CASES AND MEDICAL CARE EVALUATION STUDIES INCLUDE:
(CHECK ALL APPROPRIATE BOXES FOR EACH TYPE OF CASE)

	METHOD OR RECORD	CASES		
		EXTENDED DURATION (1)	MCE STUDY (2)	BOTH (3)
F514	COMPLETE MEDICAL RECORD			
F515	ABSTRACT OF MEDICAL RECORD			
F516	FACE SHEET OF MEDICAL RECORD			
F517	UTILIZATION REVIEW CHECK-LIST			
F518	INTERVIEW WITH ATTENDING PHYSICIAN			
F519	OBSERVATION OF PATIENT			
F520	OTHER (SPECIFY)			

EXPLANATORY STATEMENTS

	YES	NO	N/A
F521 →			
F522			
F523			
F524			
F525			
F526			

EXPLANATORY STATEMENTS

☐ MET - ☐ NOT MET

(h) Standard: Discharge planning.

The facility maintains a centralized, coordinated program to ensure that each patient has a planned program of continuing care which meets his postdischarge needs.

1) The facility has in operation an organized discharge planning program.

The utilization review committee, in its evaluation of the current status of each extended duration case, has available to it the results of such discharge planning and information on alternative available community resources to which the patient may be referred.

2) The administrator delegates responsibility for discharge planning, in writing, to one or more members of the facility's staff, with consultation, if necessary, or arranges for this service to be provided by a health, social, or welfare agency.

3) The facility maintains written discharge planning procedures which describe (i) how the discharge coordinator will function, and his authority and relationships with the facility's staff; (ii) the time period in which each patient's need for discharge planning is determined (preferably within 7 days after the day of admission); (iii) the maximum time period after which a reevaluation of each patient's discharge plan is made; (iv) local resources available to the facility, the patient, and the attending physician to assist in developing and implementing individual discharge plans; and (v) provisions for periodic review and reevaluation of the facility's discharge planning program.

4) At the time of discharge, the facility provides those responsible for the patient's postdischarge care with an appropriate summary of information about the discharged patient to ensure the optimal continuity of care. The discharge summary includes at least current information relative to diagnoses, rehabilitation potential, a summary of the course of prior treatment, physician orders for the immediate care of the patient, and pertinent social information.

FORM APPROVED
OMB NO. 066-R-0095

GENERAL INTERMEDIATE CARE FACILITY SURVEY REPORT (SRS FORM 1)

PROVIDER NUMBER	VENDOR NUMBER
T1	T2

NAME OF FACILITY	SURVEYED BY	SURVEYOR'S PROFESSIONAL TITLE
	T3	

STREET ADDRESS		DATE SURVEYED
	1) ☐ INITIAL SURVEY 2) ☐ RE-SURVEY T4	T5

CITY	COUNTY	STATE	ZIP CODE	ADDITIONAL SURVEYORS	TITLE
				T6	

	YES	NO	N/A		EXPLANATORY STATEMENTS
				I. STATE LICENSURE - 45 CFR 249.10(b)(15)(i)(a)	
T7 →				☐ MET ☐ NOT MET 249.10(b)(15)(i)(a) It meets fully all requirements for licensure under State law to provide on a regular basis, health-related care and services.	
T8 →				Expiration Date of License _____	
T9 →				Total Number of Beds _____	
T10 →				Number of Certified Intermediate Care Beds _____	
T11 →				Other - Specify Type _____	
				II. CONFORMITY WITH FEDERAL, STATE, AND LOCAL LAWS - 45 CFR 249.12(a)(1)(vii)	
T12 →				☐ MET ☐ NOT MET 249.12(a)(1)(vii) The facility is in conformity with Federal, State, and local laws, codes, and regulations pertaining to health and safety, including procurement, dispensing, administration, safeguarding and disposal of medications and controlled substances; building, construction, maintenance and equipment standards; sanitation; communicable and reportable diseases; and post-mortem procedures.	

NAME OF FACILITY

	YES	NO	N/A	III. DISCLOSURE OF OWNERSHIP - 45 CFR 249.33(a)(3)	EXPLANATORY STATEMENTS
T13				☐ MET ☐ NOT MET 249.33(a)(3) Provide that any intermediate care facility receiving payments under the plan must supply to the licensing agency of the State full and complete information, and promptly report any changes which would affect the current accuracy of such information, as to identity:	
T14				Of each person having (directly or indirectly) an ownership interest of 10 percent or more in such facility who is the owner (in whole or in part) of any mortgage, deed of trust, note or other obligation secured (in whole or in part) by such intermediate care facility or any of the property or assets of such facility.	
T15				In case a facility is organized as a corporation, of each officer and director of the corporation.	
T16				In case a facility is organized as a partnership, of each partner.	
T17				Complete Information available in State Agency file 1) ☐ YES 2) ☐ NO	
T18				Information documented in Explanatory Statement 1) ☐ YES 2) ☐ NO	
T19				Check Type of Business Organization 1) ☐ INDIVIDUAL 2) ☐ CORPORATION 3) ☐ PARTNERSHIP 4) ☐ OTHER *(Specify)* _____ If a corporation list, in explanatory statement column, the name, address and titles of each officer of the corporation and those persons owning 10% or more, specifying percentage owned. If solely owned or a partnership, list, in explanatory statement column, name(s) and address(es) of owner(s).	

NAME OF FACILITY

	YES	NO	N/A	IV. TRANSFER AGREEMENT - 45 CFR 249.12(a)(2)	EXPLANATORY STATEMENTS
T20				☐ MET ☐ NOT MET 249.12(a)(2) The facility has in effect a transfer agreement with one or more hospitals sufficiently close to the facility to make feasible the transfer between them of residents and their records.	
T21				Name of Hospital _____ Hospital Provider Number _____	
T22				Any facility which does not have such an agreement in effect but has attempted in good faith to enter into such an agreement with a hospital shall be considered to have such an agreement so long as it is in the public interest and essential to assuring intermediate care facility services for eligible persons in the community. (If NA, ignore T23 and T24)	
T23				Found that hospitals in the community have refused to enter into a transfer agreement with the ICF. 1) ☐ YES 2) ☐ NO	
T24				Reviewed copies of letters or other evidence to support its attempts to enter into a transfer agreement. 1) ☐ YES 2) ☐ NO	

NAME OF FACILITY

	YES	NO	N/A	V. ADMINISTRATIVE MANAGEMENT - 45 CFR 249.12(a)(1)	EXPLANATORY STATEMENTS
				The facility maintains methods of administrative management which assure that:	
T25 →				☐ MET ☐ NOT MET *Staffing* - 249.12(a)(1)(i) There are on duty all hours of each day staff sufficient in number and qualifications to carry out the policies, responsibilities, and programs of the facility. The numbers and categories of personnel are determined by the number of residents and their particular needs. COMPLETE FORM ON LAST PAGE OF SURVEY FORM	
T45 →				☐ MET ☐ NOT MET *Policies and Procedures* - 249.12(a)(1)(ii) There are written policies and procedures available to staff, residents and the public which:	
T46				249.12(a)(1)(ii)(A)(1) Govern all areas of service provided by the facility.	
				Admission, transfer, and discharge of residents policies shall assure that:	
T47				Only those persons are accepted whose needs can be met by the facility directly or in cooperation with community resources or other providers of care with which it is affiliated or has contracts;	
T48				As changes occur in their physical or mental condition, necessitating service or care which cannot be adequately provided by the facility, residents are transferred promptly to hospitals, skilled nursing facilities, or other appropriate facilities; and	

	YES	NO	N/A		EXPLANATORY STATEMENTS
T49				Except in the case of an emergency, the resident, his next of kin, attending physician, and the responsible agency, if any, are consulted in advance of the transfer or discharge of any resident, and casework services or other means are utilized to assure that adequate arrangements exist for meeting his needs through other resources.	
T50				249.12(a)(1)(ii)(B) Set forth the rights of residents and prohibit their mistreatment or abuse.	
T51				249.12(a)(1)(ii)(C) Provide for the registration and disposition of complaints without threat of discharge or other reprisal against any employee or resident.	
T52 →				☐ MET ☐ NOT MET *Resident Accounts* - 249.12(a)(1)(iii) A written account, available to residents and their families, is maintained on a current basis for each resident with:	
T53				Written receipts for all personal possessions and funds received by or deposited with the facility; and	
T54				Written receipts for all disbursements made to or on behalf of the resident.	
T55 →				☐ MET ☐ NOT MET *Disaster Preparedness* - 249.12(a)(1)(iv) The facility has a written and regularly rehearsed plan for staff and residents to follow in case of fire, explosion or other emergency.	

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY STATEMENTS
T56				☐ MET ☐ NOT MET *Emergency Care of Residents* - 249.12(a)(1)(v) There are written procedures for personnel to follow in an emergency, including:	
T57				Care of the resident;	
T58				Notification of the attending physician and other persons responsible for the resident; and	
T59				Arrangements for transportation, for hospitalization, or other appropriate services.	
T60				☐ MET ☐ NOT MET *Inservice Education Program* - 249.12(a)(1)(vi) There is an orientation program for all new employees that includes review of all facility policies.	
T61				An inservice education program is planned and conducted for the development and improvement of skills of all the facility's personnel.	
T62				Records are maintained which indicate the content of, and participation in all such orientation and staff development programs.	
				VI. ADMINISTRATOR - 45 CFR 249.12(b)(1)	
T63				☐ MET ☐ NOT MET 249.12(b)(1) The facility is administered by a person licensed in the State as a nursing home administrator or, in the case of a hospital qualifying as an intermediate care facility, by the hospital administrator, with the necessary authority and responsibility for management of the facility and implementation of administrative policies.	
				NAME OF ADMINISTRATOR LICENSE NUMBER EXPIRATION DATE	

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY STATEMENTS
				VII. RESIDENT SERVICES DIRECTOR - 45 CFR 249.12(b)(2)	
T64 →				☐ MET ☐ NOT MET 249.12(b)(2) The administrator or an individual on the professional staff of the facility is designated as resident services director and is assigned responsibility for the coordination and monitoring of the residents' overall plan of care.	
				If Resident Director has additional functions, list them	
				VIII. ARRANGEMENTS FOR SERVICES - 45 CFR 249.12(a)(3)	
				The facility maintains effective arrangements:	
T65 →				☐ MET ☐ NOT MET *Institutional Services* - 249.12(a)(3)(i)	
T66				The facility maintains effective arrangements for required institutional services through a written agreement with an outside resource in those instances where the facility does not employ a qualified professional person to render a required service.	
T67				The responsibilities, functions, and objectives and the terms of agreement with each such resource are delineated in writing and signed by the administrator or authorized representative and the resource.	

	Check services provided:	DIRECTLY	THROUGH ARRANGEMENT
T68 →	OCCUPATIONAL THERAPY	1. ☐	2. ☐
T69 →	PHYSICAL THERAPY	1. ☐	2. ☐
T70 →	SPEECH PATHOLOGY OR AUDIOLOGY	1. ☐	2. ☐
T71 →	OTHER, LIST.	1. ☐	2. ☐

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY STATEMENTS
T72				☐ MET ☐ NOT MET *Medical and Remedial Services* - 249.12(a)(3)(ii) The facility maintains effective arrangements through which medical and remedial services required by the resident but not regularly provided within the facility can be obtained promptly when needed.	
				List source of laboratory, X-ray or other services	
				IX. REHABILITATIVE SERVICES - 45 CFR 249.12(b)(3)	
T73				☐ MET ☐ NOT MET 249.12(b)(3) The facility provides, according to the needs of each resident, specialized and supportive rehabilitative services either directly or through arrangements with qualified outside resources and which are:	
T74				☐ MET ☐ NOT MET *Plan of Care* - 249.12(b)(3)(i)	
T75				Provided under a written plan of care;	
T76				Based on the attending physician's orders; and	
T77				Based on assessment of the resident's needs.	
T78				Resident's progress is reviewed regularly.	
T79				Plan is altered or revised as necessary.	

	YES	NO	N/A		EXPLANATORY STATEMENTS
T80 →				☐ MET ☐ NOT MET *Provision of Services* - 249.12(b)(3)(ii) Provided in accordance with accepted professional practices by qualified therapists or by qualified assistants as defined in 20 CFR 405.1101(m), (n), (q), (r), and (t) or other supportive personnel under appropriate supervision.	
T81 →				☐ MET ☐ NOT MET *Therapy Areas* - 249.12(a)(6)(vi) Areas utilized to provide therapy services are of sufficient size and appropriate design to accommodate necessary equipment, conduct examinations, and provide treatment.	

NAME OF FACILITY

	YES	NO	N/A	X. SOCIAL SERVICES - 45 CFR 249.12(b)(4)	EXPLANATORY STATEMENTS
T82				☐ MET ☐ NOT MET 249.12(b)(4) The facility provides or arranges for social services as needed by the resident.	
T83				☐ MET ☐ NOT MET *Designated Staff Member* - 249.12(b)(4)(i) A designated staff member suited by training or experience is responsible for arranging for social services and for the integration of social services with other elements of the overall plan of care.	
T84				☐ MET ☐ NOT MET *Plan of Care* - 249.12(b)(4)(ii) A plan for social services is recorded in the resident's record; and	
T85				Is periodically evaluated in conjunction with the resident's total plan of care.	
T86				Social Services are provided: 1. ☐ Directly 2. ☐ Through Arrangements Qualifications of designated staff member:	

NAME OF FACILITY

	YES	NO	N/A	XI. ACTIVITIES PROGRAM - 45 CFR 249.12(b)(5)	EXPLANATORY STATEMENTS
T87 →				☐ MET ☐ NOT MET 249.12(b)(5) The facility provides an activities program which assures that:	
T88 →				☐ MET ☐ NOT MET *Designated Staff Member* - 249.12(b)(5)(i) A staff member qualified by experience or training in directing group activity is responsible for the activities program.	
T89 →				☐ MET ☐ NOT MET *Activities Plan* - 249.12(b)(5)(ii) A plan for independent and group activities is developed for each resident in accordance with needs and interests.	
T90 →				☐ MET ☐ NOT MET *Plan Review* - 249.12(b)(5)(iii) The plan is incorporated in his overall plan of care; and	
T91				Is reviewed with the resident's participation at least quarterly and altered as needed.	
T92 →				☐ MET ☐ NOT MET *Recreation Areas, Equipment and Material* - 249.12(b)(5)(iv) Adequate recreation areas are provided.	
T93				Sufficient equipment and materials are available.	
				Qualifications of Activities Director:	

AME OF FACILITY

	YES	NO	N/A		EXPLANATORY STATEMENTS
				XII. PHYSICIAN SERVICES - 45 CFR 249.12(b)(6)	
4				☐ MET ☐ NOT MET 249.12(b)(6) The facility maintains policies and procedures to assure that each resident's health care is under the continuing supervision of a physician who sees the resident as needed and in no case less often than every 60 days, unless justified otherwise and documented by the attending physician.	
				XIII. HEALTH SERVICES - 45 CFR 249.12(a)(9)	
5				☐ MET ☐ NOT MET 249.12(a)(9) Provides health services which assure that each resident receives treatments, medications, diets, and other health services as prescribed and planned, all hours of each day, in accordance with the following:	
6				☐ MET ☐ NOT MET *Health Services Supervisor* - 249.12(a)(9)(i) Immediate supervision of the facility's health services on all days of each week is by a registered nurse or licensed practical (or vocational) nurse employed full-time on the day shift in the intermediate care facility and who is currently licensed to practice in the State; provided, that:	
7				249.12(a)(9)(i)(A) In the case of facilities where a licensed practical (or vocational) nurse serves as the supervisor of health services, consultation is provided by a registered nurse, through formal contact, at regular intervals, but not less than four hours weekly.	

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY STATEMENTS
T98				Full-time Health Services Supervisor is: 1) ☐ R.N. 2) ☐ L.P.N. 3) ☐ (L.V.N.)	
T99				If R.N. Consultant: _____ Hours per week ☐ N/A	
T100				_____ Number of weekly visits ☐ N/A	
T101				Effective January 1975, L.P.N. (L.V.N.) Health Services Supervisor: 1) ☐ Graduate of State approved school of practical (vocational) nursing; or 2) ☐ Equivalent training to graduation from a State approved school of practical (vocational) nursing; or 3) ☐ Successful completion of P.H.S. examination; or 4) ☐ Other category - explain:	
T102				☐ MET ☐ NOT MET *Responsible Staff Members* - 249.12(a)(9)(ii) Responsible staff members are on duty and awake at all times to assure prompt, appropriate action in cases of injury, illness, fire, or other emergencies.	
T103				☐ MET ☐ NOT MET *Health Care Plan* - 249.12(a)(9)(iv) A written health care plan is developed and implemented by appropriate staff for each resident.	
T104				The plan is reviewed and revised as needed, but at least quarterly.	
T105				☐ MET ☐ NOT MET *Nursing Service* - 249.12(a)(9)(v) Nursing services, including restorative nursing, are provided in accordance with the needs of the residents.	

NAME OF FACILITY

	YES	NO	N/A	XIV. DIETETIC SERVICES - 45 CFR 249.12(a)(7)	EXPLANATORY STATEMENTS
				The facility arranges menus and meal service so that:	
T106 →				☐ MET ☐ NOT MET *Meals* - 249.12(a)(7)(i) At least three meals or their equivalent are served daily, at regular times with not more than 14 hours between a substantial evening meal and breakfast.	
				List the times meals are served:	
T107 →				Breakfast: _____	
T108 →				Lunch: _____	
T109 →				Dinner: _____	
T110 →				Other: _____	
T111 →				☐ MET ☐ NOT MET *Dietary Supervision* - 249.12(a)(7)(ii) A designated staff member suited by training or experience in food management or nutrition is responsible for planning and supervision of menus and meal service.	
				Qualifications of designated staff member:	

	YES	NO	N/A		EXPLANATORY STATEMENTS
T112				☐ MET ☐ NOT MET *Therapeutic Diets* - 249.12(a)(7)(iii) Special diet menus are planned by a qualified dietitian, or are reviewed and approved by the attending physician.	
T113				The facility provides supervision of the preparation and serving of the meals.	
T114				Number of Therapeutic Diets _____ Who plans Therapeutic Menus? _____	
T115				☐ MET ☐ NOT MET *Menu Planning and Nutritional Adequacy* - 249.12(a)(7)(iv) Menus are planned and followed to meet nutritional needs of residents, in accordance with physicians' orders and to the extent medically possible, in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	
T116				☐ MET ☐ NOT MET *Menus Served* - 249.12(a)(7)(v) Records of menus as actually served are retained for 30 days.	
T117				☐ MET ☐ NOT MET *Sanitary Conditions* - 249.12(a)(7)(vi) All food is procured, stored, prepared, distributed, and served under sanitary conditions.	
T118				☐ MET ☐ NOT MET *Self-Help Devices* - 249.12(a)(7)(vii) Individuals needing special equipment, implements, or utensils to assist them when eating have such items provided.	

FORM HCFA-3070 (3-78) (FORMERLY SSA-3070)

NAME OF FACILITY

	YES	NO	N/A	
				XV. DRUGS AND BIOLOGICALS - 45 CFR 249.12(a)(8)
				Implements methods and procedures relating to drugs and biologicals which assure that:
T119 →				☐ MET ☐ NOT MET *Pharmacist* - 249.12(a)(8)(i) If the facility does not employ a licensed pharmacist it has formal arrangements with a licensed pharmacist to provide consultation on methods and procedures for ordering, storage, administration, and disposal and record keeping of drugs and biologicals.
T120 →				Name and qualifications of pharmacist: 1) ☐ Full-time 2) ☐ Part-time 3) ☐ Consultant If Consultant:
T121 →				_____ Hours per month ☐ N/A
T122 →				_____ Number of monthly visits ☐ N/A
T123 →				☐ MET ☐ NOT MET *Conformance with Physicians' Drug Order* - 249.12(a)(8)(ii) Medications administered to a resident are ordered either in writing or orally by the resident's attending or staff physician.
T124				Physician's oral orders for prescription drugs are given only to a licensed nurse, pharmacist, or physician.
T125				All oral orders for medication are recorded and signed by the person receiving them; and
T126				Are countersigned by the attending physician.

EXPLANATORY STATEMENTS

	YES	NO	N/A		EXPLANATORY STATEMENTS
T127				☐ MET ☐ NOT MET *Automatic Stop Orders* - 249.12(a)(8)(iii) Medications not specifically limited as to time or number of doses when ordered are controlled by automatic stop orders or other methods in accordance with written policies and the attending physician is notified.	
T128				☐ MET ☐ NOT MET *Self-Administration* - 249.12(a)(8)(iv) Self-administration of medication is allowed only with permission of the resident's attending physician.	
T129				☐ MET ☐ NOT MET *Medication Review* - 249.12(a)(8)(v) A registered nurse reviews monthly each resident's medications and notifies the physician when changes are appropriate.	
T130				Medications are reviewed quarterly by the attending or staff physician.	
T131				☐ MET ☐ NOT MET *Administration of Medications* - 249.12(a)(8)(vi) All personnel administering medications must have completed a State-approved training program in medication administration.	

FORM HCFA-3070 (3-78) (FORMERLY SSA-3070) 1

NAME OF FACILITY

	YES	NO	N/A	XVI. RESIDENT RECORD SYSTEM - 45 CFR 249.12(a)(4)	EXPLANATORY STATEMENTS
T132				☐ MET ☐ NOT MET 249.12(a)(4) The facility maintains an organized resident record system which assures that:	
T133				☐ MET ☐ NOT MET *Use of Record* - 249.12(a)(4)(i) The record is available to professional and other staff directly involved with the resident.	
T134				Records are available to appropriate representatives of State survey agency and Title XIX agency.	
T135				☐ MET ☐ NOT MET *Content* - 249.12(a)(4)(i) There is a record for each resident which includes as a minimum:	
T136				249.12(a)(4)(i)(A) Identification information; and	
T137				Admission data including past resident medical and social history.	
T138				249.12(a)(4)(i)(B) Copies of initial and periodic examinations, evaluations, and progress notes;	
T139				Assessments and goals of each service's plan of care and modifications thereto; and	
T140				Discharge summaries.	

	YES	NO	N/A	
T141				249.12(a)(4)(i)(C) An overall plan of care setting forth goals to be accomplished, through individually designed activities, therapies and treatments; and
T142				Indicating which professional service or individual is responsible for the care or service.
T143				249.12(a)(4)(i)(D) Entries describing treatments and services rendered; and
T144				Medications administered.
T145				249.12(a)(4)(i)(E) All symptoms and other indications of illness or injury including the date, time, and action taken regarding each problem.
T146				Number of Records Examined _____
T147				Current _____
T148				Discharged _____
T149				Number of Records lacking data _____
T150				☐ MET ☐ NOT MET *Protection of Resident Record Information* - 249.12(a)(4)(ii) Records are adequately safeguarded against destruction, loss, or unauthorized use.
T151				☐ MET ☐ NOT MET *Retention and Preservation* - 249.12(a)(4)(iii) Records are retained for a minimum of 3 years following a resident's discharge.

EXPLANATORY STATEMENTS

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY STATEMENTS
				XVII. LIFE SAFETY CODE - 45 CFR 249.12(a)(5) (Separate Life Safety Code Survey)	
				XVIII. ENVIRONMENT AND SANITATION - 45 CFR 249.12(a)(6)	
T152 →				☐ MET ☐ NOT MET 249.12(a)(6)(i) The facility maintains conditions relating to environment and sanitation as set forth below:	
T153				*Favorable Environment for Residents* - 249.12(a)(6)(i) Resident living areas are designed and equipped for the comfort and privacy of the resident.	
T154				Each room is equipped with or conveniently located near adequate toilet and bathing facilities appropriate in number, size, and design to meet the needs of the residents.	
T155				Each room is at or above grade level.	
T156				Each resident room contains a suitable bed, closet space which provides security and privacy for clothing and personal belongings, and other appropriate furniture.	
T157				249.12(a)(6)(i)(A) Resident bedrooms have no more than 4 beds.	
T158				Single-resident rooms measure at least 100 square feet. Multi-resident rooms provide a minimum of 80 square feet per bed.	
T159				Each room is equipped with a resident call system.	
				Waivers if any:	
T160 →				☐ MET ☐ NOT MET *Linen* - 249.12(a)(6)(ii) The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	
T161				Each bed is equipped with clean linen.	

NAME OF FACILITY

	YES	NO	N/A	
T161				facilities available at all times a quantity of linen essential for proper care and comfort of residents. Each bed is equipped with clean linen.

	YES	NO	N/A		EXPLANATORY STATEMENTS
T162 →				☐ MET ☐ NOT MET *Hot Water* - 249.12(a)(6)(iii) An adequate supply of hot water for resident use is available at all times.	
T163				Temperatures of hot water at plumbing fixtures used by residents is automatically regulated by control valves.	
T164 →				☐ MET ☐ NOT MET *Handrails* - 249.12(a)(6)(iv) Corridors used by residents are equipped with firmly secured handrails.	
T165 →				☐ MET ☐ NOT MET *Isolation* - 249.12(a)(6)(v) Provision is made for isolating residents with infectious diseases.	
T166 →				☐ MET ☐ NOT MET *Dayroom and Dining Area* - 249.12(a)(6)(vii) The facility provides one or more areas for resident dining, diversional, and social activities.	
T167 →				Seating capacity of dining room _____	
T168 →				☐ MET ☐ NOT MET ☐ N/A *Multipurpose Room* - 249.12(a)(6)(viii) If a multipurpose room is used for dining and diversional and social activities, there is sufficient space to accommodate all activities and prevent their interference with each other.	

	YES	NO	N/A		EXPLANATORY STATEMENTS
T169				☐ MET ☐ NOT MET *Facilities for Physically Handicapped* - 249.12(a)(6)(ix) The facility is accessible to and functional for residents, personnel, and the public. All necessary accommodations are made to meet the needs of persons with semi-ambulatory disabilities, sight and hearing disabilities, disabilities of coordination, as well as other disabilities in accordance with the American National Standards Institute (ANSI) Standard No. A117.1(1961)	
T170				4.1 Are the facility grounds graded to the same level as the primary entrance so that the building is accessible to the physically handicapped?	
T171				4.2 Is the width and grade of walks used by residents and public, designed so that they can be utilized by the handicapped?	
T172				4.3 If the facility has a parking lot, is properly designated parking space available near the building, allowing room for the physically handicapped to get in and out of an automobile onto a surface suitable for wheeling and walking?	
T173				5.1 Are ramps designed so that they can be negotiated by individuals in wheelchairs?	
T174				5.2 Is there a primary entrance usable by persons in wheelchairs? (LSC-SRF 3-5)	
T175				5.3 Are doors used by residents and public of sufficient width, and equipped and of a weight to permit persons in wheelchairs to open them with a single effort? (LSC-SRF 4-2)	
T176				5.4.1 Are stairs that may be used by the physically handicapped of a height and design that allows such individuals to negotiate them without assistance?	
T177				5.4.3 Are these stairs equipped with handrails, at least one of which extends past the top and bottom steps?	

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY STATEMENTS
T178				5.5 Are floors non-slip and on a common level or connected by a negotiable ramp on each story?	
T179				5.6 Is there an appropriate number of toilet rooms accessible to and usable by the handicapped?	
T180				5.7 Is there an appropriate number of water fountains accessible to and usable by the handicapped?	
T181				5.8 Is there an appropriate number of public telephones accessible to and usable by the handicapped?	
T182				5.9 If a multi-story building, are elevators accessible to and usable by the handicapped, at entrance level and all levels normally used by the public? (LSC-SRF 7-4)	
T183				5.10 Are switches and controls of frequent or essential use within reach of wheelchair users?	
T184				5.11 Does the facility provide appropriate means for the blind to identify rooms, facilities, and hazardous areas?	
T185				5.12 Does the facility provide simultaneous audible and visual warning signals? (LSC-SRF 6-1)	
T186				5.13 Does the facility exercise safeguards to eliminate hazards for the handicapped?	
T187 →				Are resident closets accessible to and usable by the physically handicapped? 1. ☐ YES 2. ☐ NO	
T188 →				Are resident beds of a height that permits an individual in a wheelchair to get in and out of bed unassisted? 1. ☐ YES 2. ☐ NO	
				Waivers if any:	

GENERAL INTERMEDIATE CARE FACILITY INFORMATION SHEET

Staffing Pattern – Include in the staffing pattern personnel who provide direct service to **the residents in the health services and resident living.** Indicate the number of full time equivalents. Use any 2 week period from last 3 months. If a staff member functions in more than one service indicate hours (FTE) in each. Total hours per tour of duty may be used in place of full equivalents.

Aide = Health Services Staff

OT = Other staff assigned to direct services

WEEK OF

TOUR OF DUTY	SUN.				MON.				TUES.				WED.				THURS.				FRI.				SAT.			
	RN	LPN	AIDE	OT	RN	LPN	AIDE	OT	RN	LPN	AIDE	OT	RN	LPN	AIDE	OT	RN	LPN	AIDE	OT	RN	LPN	AIDE	OT	RN	LPN	AIDE	OT
T26 DAYS																												
T27 EVENING																												
T28 NIGHTS																												

WEEK OF

TOUR OF DUTY	SUN.				MON.				TUES.				WED.				THURS.				FRI.				SAT.			
	RN	LPN	AIDE	OT	RN	LPN	AIDE	OT	RN	LPN	AIDE	OT	RN	LPN	AIDE	OT	RN	LPN	AIDE	OT	RN	LPN	AIDE	OT	RN	LPN	AIDE	OT
T29 DAYS																												
T30 EVENING																												
T31 NIGHTS																												

Food Service staff in full time equivalents or total hours

	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
T32 COOKS							
T33 HELPERS							

Housekeeping and maintenance staffs in full time equivalents or total hours per day

	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
HOUSEKEEPING							
MAINTENANCE							

T34 CENSUS _____

RESIDENT STATUS	
NUMBER OF RESIDENTS REQUIRING NO ASSISTANCE WITH AMBULATION. T35	
NUMBER OF RESIDENTS REQUIRING ASSISTANCE WITH AMBULATION. T36	
NUMBER OF RESIDENTS REQUIRING NO ASSISTANCE IN ACTIVITIES OF DAILY LIVING. T37	
NUMBER OF CONFUSED OR DISORIENTED RESIDENTS. T38	
NUMBER OF RESIDENTS ON SELF ADMINISTRATION OF MEDICATIONS. T39	
NUMBER OF MEDICATIONS PER TOUR OF DUTY	
DAY T40	
EVENING T41	
NIGHTS T42	

Physical Layout of Facility

Number of Buildings T43 _____

Number of floors per building T44 _____

EXHIBIT 4
March 8, 1985

3/6/85

COMPARISON/CONTRAST
of PROPOSED NURSING HOME
INSPECTION LEGISLATION

The statement below is supported by the following organizations: the Association of American Retired Persons (AARP), the Human Services Caucus, Legacy Legislature, Low Income Senior Citizens Advocates (LISCA), the Montana Advocacy Task Force on Aging, the Montana Association of Homes for the Aging (MontAHA), Montana Senior Citizens Association (MSCA), and the National Retired Teachers Association (NRTA).

HB 165

This is the legislation requested and supported by Legacy Legislature and supported by all the state's senior citizen organizations. It focuses on the quality of care provided in nursing homes and other long-term care facilities rather than on the traditional bricks-and-mortar inspections provided by DHES surveyors. While it does require some state appropriations ($60,000), it does solve the problem that brought hundreds of senior citizens to the 1983 legislative session to testify on the need for quality of care inspection. It does need two changes--- the removal of a local inspection provision which would short-circuit the impartiality of inspection intended in the bill, and the removal of mandatory "annual" inspections. The senior citizen organizations want more than one inspection annually of a nursing home that may not be providing quality of care, and mandatory annual inspections will focus the inspections everywhere each year rather than focusing on institutions with problems.

With these changes, please support HB165.

HB 472

This bill was requested by DHES and is a necessary housekeeping measure which will preserve Montana's access to federal funds for nursing home inspection. It is fine as currently written.

Please support HB472.

SB207

This bill continues the confusion between bricks-and-mortar inspection and quality-of-care inspection that arose during the 1983 legislative session. Also, some lobbyists have apparently, and wrongly, represented this bill to be requested by Legacy Legislature or some of the other senior citizen organizations.

This bill would create unannounced annual bricks-and-mortar inspections of nursing homes, but nursing home administrators need to be available, and to have their staff available, for these bricks-and-mortar inspections, so making these inspections unannounced creates two problems: 1)the nursing homes are not made more accountable for quality-of-care issues, as requested by senior citizen organizations; and 2)the actual conduct of the bricks-and-mortar inspections is made more cumbersome and complex, making nursing home administrators less able to fulfill their other administrative responsibilities.

This bill was initially well-intentioned, but it not only misses the quality-of-care need but makes the existing inspection procedure more complex. HB165 is in our estimation the better bill; we prefer HB165 over SB207.

SENIORS' OFFICE

LEGAL AND OMBUDSMAN SERVICES

TED SCHWINDEN, GOVERNOR

P.O. BOX 232
CAPITOL STATION

STATE OF MONTANA

(406) 444-4676
1-(800) 332-2272

HELENA, MONTANA 59620

February 8, 1985

TO: Members of the Human Services and Aging Committee

FROM: Doug Blakley, State Ombudsman

RE: SB 287

I am speaking on this bill from a neutral position. This is because I am in favor of unannounced inspections of long-term care facilities which would be focused on improving the quality of care residents receive in facilities. SB 287 started out with good intentions. However, with the amendments that were added, I feel that the bill does not address the concerns of senior citizens and residents that prompted the call for unannounced inspections. In my opinion, HB 165 introduced by Representative Connelly is the best embodiment of a solution to the concerns that people have expressed about resident care. HB 165 is the bill that has been endorsed by the Legacy Legislature, the Governor's Advisory Council on Aging and other senior's groups because of this fact.

I have a strong feeling that the current bill will have no appreciable effect on improving the quality of care in facilities around the state. Unless there is a significant change made in the DHES surveys process, the issue of quality of care to residents will not be addressed by simply completing the Medicare/Medicaid survey form on an unannounced basis, since this form is predominantly focused on paper compliance and building and safety issues. There is little time actually spent in first hand assessment of the condition and kind of care that residents are receiving because of the demands of completing the form to cerify the facility for Medicare and Medicaid reimbursement. The current survey process relies on what a facility's records say they do as well as self-report by facilities on the condition of residents. No facility that has problems is going to come out and say they do.

I aggree with the MONTAHA position on this bill, that because of the reliance on paperwork for the completion of the survey, and the need for key personnel to be available, it probably makes sense to have the current annual inspections on an announced basis. Interestingly, this was also the publically stated position of MHCA until last month, when they offered the amendments to SB 287.

While the fiscal implications of this bill may appear to be favorable when compared to HB 165, I feel that you will get what you pay for, and that is the same thing that you are getting at the present time. Without additional funds or personnel to specifically look at quality of care, it does not seem feasible that you will get more time spent on quality o f care issues.

VISITOR'S REGISTER

HOUSE HUMAN SERVICES AND AGING COMMITTEE

BILL SB 158 DATE 3/8/85

SPONSOR

NAME	RESIDENCE	REPRESENTING	SUP-PORT	OP-POSE
Ron Brown	Helena	Self	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

FORM CS-33

VISITOR'S REGISTER

HOUSE HUMAN SERVICES AND AGING COMMITTEE

BILL SB 121 DATE 3/8/85

SPONSOR

NAME	RESIDENCE	REPRESENTING	SUP-PORT	OP-POSE
Norma Harris	Helena	SRS	X	
Mike Murray	Helena	Chemical Dependency Program	X	
Mary Joan Marron	Mela	ADAD	X	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITOR'S REGISTER

HOUSE HUMAN SERVICES AND AGING COMMITTEE

BILL SB 310 DATE 3/8/85

SPONSOR

NAME	RESIDENCE	REPRESENTING	SUP-PORT	OP-POSE
Mike Meloy	Helena	SRS/DDD	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITOR'S REGISTER

HOUSE HUMAN SERVICES AND AGING COMMITTEE

BILL SB 311 DATE 3/8/85

SPONSOR

NAME	RESIDENCE	REPRESENTING	SUP-PORT	OP-POSE
Charles Brooks	Helena	Governor's Office	X	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITOR'S REGISTER

HOUSE HUMAN SERVICES AND AGING COMMITTEE

BILL SB 287 DATE 3/8/85

SPONSOR

NAME	RESIDENCE	REPRESENTING	SUPPORT	OPPOSE
[illegible]	Helena	Montana Health Care Assn.	✓	
[illegible]	Helena	Montana Hospital Assn	✓	
Mary Ellen Cote	Helena	self	WC	X
[illegible]	Helena	Self	WC	X
Molly Mahrs	Helena	MONTANA		X
[illegible]	Helena	Ombudsman	X	
[illegible]	Helena	AARP - Legislative Legislation		X
[illegible]	Helena	DHES	←	
[illegible]	"	"	←	
[illegible]	"	Governor's Office		

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITOR'S REGISTER

HOUSE HUMAN SERVICES AND AGING COMMITTEE

BILL SB 254 DATE 3/8/85

SPONSOR

NAME	RESIDENCE	REPRESENTING	SUP-PORT	OP-POSE
Mike Murray	Helena	Chemical Dependency Program	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

WHEN TESTIFYING PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.