

F151 RESIDENT EXERCISES RIGHTS & IS FREE OF COERCION

Resident Council

CE # 08 Do you feel a resident or the group can complain about care without worrying that someone will 'get back' at them?

CE # 09 Have you (residents) been informed of the rules at the facility (such as restrictions on visiting hours)?

CE # 12 Does staff talk about and review the rights of residents in the facility?

F153 ACCESS TO RECORDS & ABILITY TO PURCHASE RECORDS

Resident Council

CE # 17 Does the facility allow you to see your medical records if you ask?

F154 RES INFORMED OF HEALTH STATUS & MEDICAL CONDITION

Communication and Sensory, Hearing and Vision

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Psychoactive Medication

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F155 RIGHT TO REFUSE TREATMENT/RESEARCH; FORM ADV DIRECTIVES

Choices

CE # 01 Does the facility allow residents to exercise self-determination, make choices regarding participation, and accommodate needs and preferences?

F156 INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC

Admission, Transfer, Discharge Requirements

CE # 02 Does the facility ensure that residents are informed of their rights both orally and in writing prior to or upon admission and during the resident's stay?

Demand Billing

CE # 01 Does the denial notice include appropriate notice information?

CE # 02 Was the notice provided on or before the date of non-coverage?

Environment

CE # 01 Is required information prominently displayed?

Personal Funds

CE # 01 Are residents informed of costs for services and any changes in costs for services?

Resident Council

CE # 12 Does staff talk about and review the rights of residents in the facility?

CE # 18 Have residents been informed of their right (and given information on how) to formally complain to the state about the care they are receiving?

F157 INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC

Accidents

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Bowel or Bladder Function, Use of Catheter

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dialysis

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Fecal Impaction

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

General Critical Element Pathway

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Hospitalization or Death

CE # 04 Did the facility appropriately consult with the resident/resident's family and physician?

Infections (non-UTI related)

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Notification of Change

CE # 01 Does the facility immediately provide notification of changes?

Nutrition, Hydration, Tube feeding

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Pain

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Pressure Ulcers

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Psychoactive Medication

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Rehabilitation and Community Discharge

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Skin Conditions (non-pressure related)

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Ventilator

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F159 FACILITY MANAGEMENT OF RES FUNDS

Personal Funds

- CE # 02 Do residents have ready access to their personal funds managed by the facility?
- CE # 03 Does the facility maintain a separate accounting of each resident's funds?
- CE # 04 Does the accounting system follow generally acceptable accounting principles?
- CE # 06 Is applicable interest paid to each entitled resident?
- CE # 07 Does the facility notify Medicaid residents when account balances are within \$200 of the eligibility limit?
- CE # 08 Does the facility provide quarterly statements and provide statements to residents or legal representatives upon request?

F160 CONVEYANCE OF RES FUNDS UPON DEATH

Personal Funds

- CE # 09 Upon death of the resident, did the facility convey within 30 days, the resident's funds, and a final accounting of those funds to the individual (or probate jurisdiction) administering the resident's estate?

F161 SURETY BOND OR OTHER ASSURANCE

Personal Funds

- CE # 11 If yes, does the facility have a surety bond or similar protection with the amount of the surety bond equal to at least the current total amount of resident funds?

F162 LIMITATION ON CHARGES TO PERSONAL FUNDS

Personal Funds

- CE # 05 Are Medicare/Medicaid residents charged only for non-covered services?

F164 PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS

Activities

- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dialysis

- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Environment

- CE # 19 Is resident privacy during bathing maintained (i.e., residents can be seen by persons (residents, staff) other than direct caregivers.)?

Hospice and End of Life

- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Privacy

- CE # 01 Does the facility ensure that the resident has the right to personal privacy and confidentiality of his or her personal and clinical records?

Rehabilitation and Community Discharge

- CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Quality Indicator Survey (QIS) Mapping of F tag to Care Area to Critical Element

F165 VOICE GRIEVANCES WITHOUT REPRISAL

Resident Council

CE # 08 Do you feel a resident or the group can complain about care without worrying that someone will 'get back' at them?

F167 SURVEY RESULTS READILY ACCESSIBLE TO RESIDENTS

Environment

CE # 03 Are the survey results readily accessible to residents and/or in a readable form?

Resident Council

CE # 15 Without having to ask, are the results of the state inspection available to read?

F170 RESIDENT CAN SEND/RECEIVE UNOPENED MAIL

Resident Council

CE # 14 Is mail delivered unopened and on Saturdays?

F172 RES ACCESS TO REP OF SECRETARY, PHYSICIAN, FAMILY, ETC.

Activities

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Hospice and End of Life

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Resident Council

CE # 16 Do residents know who the ombudsman is and how to contact her/him?

F174 ACCESS TO TELEPHONE WITH AUDITORY PRIVACY

Privacy

CE # 01 Does the facility ensure that the resident has the right to personal privacy and confidentiality of his or her personal and clinical records?

F201 REASONS FOR TRANSFER/DISCHARGE OF RESIDENT

Admission, Transfer, Discharge Requirements

CE # 06 Does the facility ensure that the transfer or discharge is appropriate?

F204 PROVIDES ORIENTATION TO RES FOR TRANSFER/DISCHARGE

Admission, Transfer, Discharge Requirements

CE # 07 Does the facility ensure that there is sufficient preparation and orientation to residents before transfer or discharge from the facility?

F205 NOTICE OF BED-HOLD POLICY TO RES UPON TRANSFER

Admission, Transfer, Discharge Requirements

CE # 05 Does the facility ensure that at the time of transfer for hospitalization or therapeutic leave, the resident and a family member receive written notice that specifies the duration of the bedhold?

Quality Indicator Survey (QIS) Mapping of F tag to Care Area to Critical Element

F208 **ADMISSION POLICIES & MONIES FACILITY CAN ACCEPT**

Admission, Transfer, Discharge Requirements

CE # 01 Does the facility ensure that residents are NOT asked to waive their rights to Medicare or Medicaid (i.e. requiring residents to remain private pay)?

CE # 04 Does the facility ensure that a third party guarantee of payment (by another individual) is NOT required for admission or continued stay?

F221 **RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ'D FOR TREATMENT**

Physical Restraints

CE # 05 Was the resident free from the inappropriate use of physical restraints?

F223 **RESIDENTS RIGHT TO BE FREE FROM ABUSE**

Abuse

CE # 01 Does the facility ensure that residents are free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion?

Abuse Prohibition

CE # 01 Does the facility develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property?

Behavioral and Emotional Status

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F224 **STAFF TREATMENT OF RESIDENTS**

Abuse

CE # 01 Does the facility ensure that residents are free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion?

Abuse Prohibition

CE # 01 Does the facility develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property?

F225 **NOT EMPLOY PERSONS GUILTY OF ABUSE**

Abuse Prohibition

CE # 01 Does the facility develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property?

F226 **POLICIES PROHIBIT ABUSE, NEGLECT**

Abuse

CE # 01 Does the facility develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property?

Abuse Prohibition

CE # 01 Does the facility develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property?

F241 DIGNITY

ADL, Range of Motion, Cleanliness and Grooming, Positioning

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Behavioral and Emotional Status

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Bowel or Bladder Function, Use of Catheter

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Communication and Sensory, Hearing and Vision

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dignity

CE # 01 Does the facility promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality?

Dining

CE # 07 Does staff act, or interact, with residents during meals in a manner to promote dignity?

CE # 08 Are non-disposable cutlery and plates used and napkins available (e.g., plastic cutlery and paper/plastic plates are not used)?

CE # 09 Are resident's desires considered when using clothing protectors?

Hospitalization or Death

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Rehabilitation and Community Discharge

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F242 SELF-DETERMINATION - RESIDENT MAKES CHOICES

Activities

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Choices

CE # 01 Does the facility allow residents to exercise self-determination, make choices regarding participation, and accommodate needs and preferences?

Hospice and End of Life

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Hospitalization or Death

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Pain

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Physical Restraints

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Rehabilitation and Community Discharge

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Resident Council

CE # 10 Do you think the rules at this facility are fair to all residents?

CE # 13 Do you feel that the rights of residents at this facility are respected and encouraged?

F243 RES/FAMILY RIGHT TO PARTICIPATE IN RES/FAM GROUPS

Resident Council

CE # 01 Does the Resident Council meet on a regular basis?

CE # 02 Does the facility help with arrangements for council meetings?

CE # 03 Is there enough space for everyone who wants to attend?

CE # 04 Can you meet without staff present, if you desire?

F244 FACILITY MUST LISTEN/RESPOND TO RES/FAM GROUP

Resident Council

CE # 05 Does staff listen to the resident's/Council's views and act upon any grievances the resident/group has filed?

CE # 06 Does appropriate facility staff respond to the resident's/group's concerns?

CE # 07 If the facility does not respond to concerns, do they give a reasonable explanation?

CE # 11 If the Resident Council makes suggestions about some of the rules, does the facility act on those suggestions?

F246 ACCOMMODATION OF NEEDS & PREFERENCES

Activities

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Choices

CE # 01 Does the facility allow residents to exercise self-determination, make choices regarding participation, and accommodate needs and preferences?

Communication and Sensory, Hearing and Vision

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Hospice and End of Life

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Pain

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Physical Restraints

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Rehabilitation and Community Discharge

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F247 RES RECEIVES NOTICE BEFORE ROOM/ROOMMATE CHG

Admission, Transfer, Discharge Requirements

CE # 03 Does the facility ensure that the resident or the resident's legal representative, or an interested family member, is immediately informed if there is a change in room or roommate assignments?

F248 ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS

Activities

CE # 04 Did the facility provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well being of the resident?

Physical Restraints

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F249 QUALIFICATIONS OF ACTIVITY DIRECTOR

Activities

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F250 MEDICALLY RELATED SOCIAL SERVICES

Activities

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Admission, Transfer, Discharge Requirements

CE # 06 Does the facility ensure that the transfer or discharge is appropriate?

Behavioral and Emotional Status

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Communication and Sensory, Hearing and Vision

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dental

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Hospice and End of Life

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Pain

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Rehabilitation and Community Discharge

CE # 05 Based on observation, interviews, and record review did the facility ensure that (a) the resident received necessary rehabilitative services and, (b) based on discharge potential, discharge planning was provided?

Social Services

CE # 01 Does the facility provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident?

F252 SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT

Personal Property

CE # 01 Does the facility provide a safe, clean, comfortable and homelike environment?

F253 HOUSEKEEPING & MAINTENANCE SERVICES

Dining

CE # 15 Are dining areas (including resident rooms) free of offensive odors?

Environment

CE # 07 Are common areas free from odors?

CE # 08 Are the fixtures/furnishings clean and in good repair?

CE # 14 Are refrigerators on the units clean?

CE # 21 Is common use resident care equipment clean?(e.g., mechanical lifts and transfer equipment, IV pumps, glucometers, thermometers, ventilators, suctioning devices, oxygen equipment, nebulizers)

CE # 25 Is the equipment clean?

F256 ADEQUATE & COMFORTABLE LIGHTING LEVELS

Communication and Sensory, Hearing and Vision

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Environment

CE # 11 Are proper lighting levels maintained?

F257 COMFORTABLE & SAFE TEMPERATURE LEVELS

Environment

CE # 12 Are comfortable and safe temperatures maintained?

F258 COMFORTABLE SOUND LEVELS

Communication and Sensory, Hearing and Vision

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dining

CE # 14 Do noise levels promote socialization?

Environment

CE # 13 Are comfortable sound levels maintained?

F272 COMPREHENSIVE ASSESSMENTS

Accidents

CE #01 Did the facility conduct an assessment regarding the risks and/or problems the resident has related to the diagnosis and/or condition?

Activities

CE #01 Did the facility adequately assess to identify individual activity preferences and interests, and needed adaptations?

ADL, Range of Motion, Cleanliness and Grooming, Positioning

CE #01 Did the facility assess adequately to determine the level of ADL (self-care), functional ROM and contractures; the risk, causal and contributing factors, and the potential to improve?

Behavioral and Emotional Status

CE #01 Was a comprehensive assessment completed for the resident with behavioral and/or mental/psychosocial symptoms?

Bowel or Bladder Function, Use of Catheter

CE #01 Was a comprehensive assessment completed for (1) the resident with an indwelling catheter, (2) the resident experiencing incontinence, and/or (3) the resident with a symptomatic urinary tract infection?

Communication and Sensory, Hearing and Vision

CE #01 Did the facility assess the presence of or risk for auditory, visual, or communication problems?

Dental

CE #01 Did the facility adequately assess to determine the dental/oral condition of the resident?

Dialysis

CE #01 Did the facility assess to determine the care needed for the dialysis resident?

Fecal Impaction

CE #01 Did the facility assess adequately to determine the level of ADL (self-care), functional ROM and contractures; the risk, causal and contributing factors, and the potential to improve?

General Critical Element Pathway

CE #01 Did the facility conduct an assessment regarding the risks and/or problems the resident has related to the diagnosis and/or condition?

Hospice and End of Life

CE #01 Did the facility assess adequately to determine specific resident needs for pain control, comfort, cognition, and psychosocial support?

Hospitalization or Death

CE #01 Did the facility accurately assess the resident's condition relevant to the care issues associated with the resident's hospitalization or death?

Infections (non-UTI related)

CE #01 Did the facility assess adequately to determine the level of ADL (self-care), functional ROM and contractures; the risk, causal and contributing factors, and the potential to improve?

Nutrition, Hydration, Tube feeding

CE #01 Did the facility complete a comprehensive assessment to address nutritional and hydration status and/or use of a naso-gastric or gastrostomy tube?

Pain

CE #01 Was a comprehensive pain assessment completed for the resident with or at risk of developing pain and/or discomfort?

F272 COMPREHENSIVE ASSESSMENTS

Physical Restraints

CE #01 Did the facility assess adequately to determine the medical symptom that warrants the use of the restraint(s)?

Pressure Ulcers

CE #01 Did the facility assess to determine the risk for the development of a pressure ulcer?

Psychoactive Medication

CE #01 Did the assessment identify the justification for use of medications, any risks and side effects as a result of the use of the medications, monitoring mechanisms and/or alternatives to the use of the medications?

Rehabilitation and Community Discharge

CE #01 Did the facility assess adequately to identify rehabilitative needs and potential for community discharge?

Skin Conditions (non-pressure related)

CE #01 Did the facility assess adequately to determine the level of ADL (self-care), functional ROM and contractures; the risk, causal and contributing factors, and the potential to improve?

Ventilator

CE #01 Did the facility adequately assess specific resident needs for infection control, communication?

F279 DEVELOP COMPREHENSIVE CARE PLANS

Accidents

CE # 02 Did the facility develop a care plan to address the care and treatment related to the clinical diagnosis and/or the identified condition?

Activities

CE # 02 Did the facility develop a care plan with input from the resident and/or representative, as appropriate, that provides to the extent possible for the resident's participation in activities of choice?

ADL, Range of Motion, Cleanliness and Grooming, Positioning

CE # 02 Did the facility develop a care plan that addresses ADLs and ROM to (a) ensure provision of care to meet ADL and ROM needs (b) prevent decline in ADL or ROM abilities or (c) improve functioning, if applicable?

Behavioral and Emotional Status

CE # 02 Did the facility develop a care plan that ensures provision of care to address resident behavioral and/or mental/psychosocial symptoms?

Bowel or Bladder Function, Use of Catheter

CE # 02 Did the facility develop a care plan that addresses provision of care for the resident with an indwelling catheter; a resident experiencing incontinence; and/or a resident with a symptomatic urinary tract infection?

Communication and Sensory, Hearing and Vision

CE # 02 Did the facility develop a care plan that addresses sensory and communication needs?

Dental

CE # 02 Did the facility develop a care plan that addresses the dental/oral health needs of the resident?

Dialysis

CE # 02 Did the facility develop a care plan to meet the needs of the dialysis resident?

Fecal Impaction

CE # 02 Did the facility develop a care plan that addresses ADLs and ROM to (a) ensure provision of care to meet ADL and ROM needs (b) prevent decline in ADL or ROM abilities or (c) improve functioning, if applicable?

General Critical Element Pathway

CE # 02 Did the facility develop a care plan to address the care and treatment related to the clinical diagnosis and/or the identified condition?

Hospice and End of Life

CE # 02 Did the facility develop a care plan that addresses palliative and end of life needs?

Hospitalization or Death

CE # 02 Did the facility plan care to meet resident needs?

Infections (non-UTI related)

CE # 02 Did the facility develop a care plan that addresses ADLs and ROM to (a) ensure provision of care to meet ADL and ROM needs (b) prevent decline in ADL or ROM abilities or (c) improve functioning, if applicable?

Nutrition, Hydration, Tube feeding

CE # 02 Did the facility develop an interdisciplinary care plan that addresses the provision of care for nutritional, hydration, and/or naso-gastric or gastrostomy tube feeding needs?

Pain

CE # 02 Did the plan of care identify measurable goals and interventions for pain control?

F279 DEVELOP COMPREHENSIVE CARE PLANS

Physical Restraints

CE # 02 Did the facility develop a care plan that provides for the appropriate use of the restraint?

Pressure Ulcers

CE # 02 Did the facility develop a care plan to prevent the development of a pressure ulcer, or if present, for the care and treatment of the pressure ulcer?

Psychoactive Medication

CE # 02 Did the facility develop a care plan that addresses the use of medications to improve resident quality of care and quality of life; prevent adverse effects or side effects, and monitor to determine if they are providing intended affects?

Rehabilitation and Community Discharge

CE # 02 Did the facility develop a care plan to address rehabilitative needs and other factors affecting potential for community discharge?

Skin Conditions (non-pressure related)

CE # 02 Did the facility develop a care plan that addresses ADLs and ROM to (a) ensure provision of care to meet ADL and ROM needs (b) prevent decline in ADL or ROM abilities or (c) improve functioning, if applicable?

Ventilator

CE # 02 Did the facility develop a care plan that addresses all necessary issues related to the ventilator use?

F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN

Accidents

CE #04 Did the facility revise the care plan as needed?

Activities

CE #03 Did the facility revise the plan of care as needed with input of the resident (or representative, as appropriate)?

ADL, Range of Motion, Cleanliness and Grooming, Positioning

CE #04 Did the facility revise the plan of care as needed?

Behavioral and Emotional Status

CE #04 Did the facility revise the plan of care as needed?

Bowel or Bladder Function, Use of Catheter

CE #04 Did the facility revise the plan of care as needed?

Communication and Sensory, Hearing and Vision

CE #04 Did the facility revise the plan of care as needed?

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dental

CE #04 Did the facility revise the plan of care as needed?

Dialysis

CE #04 Did the facility revise the care plan as needed?

Fecal Impaction

CE #04 Did the facility revise the plan of care as needed?

General Critical Element Pathway

CE #04 Did the facility revise the care plan as needed?

Hospice and End of Life

CE #04 Did the facility revise the care plan as needed?

Infections (non-UTI related)

CE #04 Did the facility revise the plan of care as needed?

Nutrition, Hydration, Tube feeding

CE #04 Did the facility revise the care plan as needed?

Pain

CE #04 Did the staff review the plan of care for pain/symptom reduction, evaluate, reassess if necessary and revise the plan of care to meet the needs of the resident?

Participation in Care Plan

CE #01 Did the facility revise the plan of care as needed with input of the resident (or representative, as appropriate)?

Physical Restraints

CE #04 Did the facility revise the plan of care as needed?

Pressure Ulcers

CE #04 Did the facility revise the care plan as needed?

F280 DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN

Psychoactive Medication

CE #04 Did the facility revise the care plan as needed?

Rehabilitation and Community Discharge

CE #04 Did the facility revise the care plan as needed?

Skin Conditions (non-pressure related)

CE #04 Did the facility revise the plan of care as needed?

Ventilator

CE #04 Did the facility revise the care plan as needed?

F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

Accidents

CE #03 Did the facility implement practices that meet professional standards of quality?

ADL, Range of Motion, Cleanliness and Grooming, Positioning

CE #03 Did the facility implement practices that meet professional standards of quality?

Behavioral and Emotional Status

CE #03 Did the facility implement practices that meet professional standards of quality?

Bowel or Bladder Function, Use of Catheter

CE #03 Did the facility implement practices that meet professional standards of quality?

Communication and Sensory, Hearing and Vision

CE #03 Did the facility implement practices that meet professional standards of quality?

Dental

CE #03 Did the facility implement practices that meet professional standards of quality?

Dialysis

CE #03 Did the facility implement practices to ensure that the care provided meet the professional standards of quality for the resident with end stage renal disease?

Fecal Impaction

CE #03 Did the facility implement practices that meet professional standards of quality?

General Critical Element Pathway

CE #03 Did the facility implement practices that meet professional standards of quality?

Hospice and End of Life

CE #03 Did the facility implement practices that meet professional standards of quality for end of life care?

Hospitalization or Death

CE #03 Did the facility implement practices that meet professional standards of quality?

Infections (non-UTI related)

CE #03 Did the facility implement practices that meet professional standards of quality?

Medication Administration

CE #01 Was the observed medication preparation or administration in accordance with physician orders, accepted professional standards, and/or manufacturer's specifications?

Nutrition, Hydration, Tube feeding

CE #03 Did the facility implement practices to prevent decline in nutritional parameters, hydration and/or complications of a naso-gastric or gastrostomy tube feeding that meet professional standards of care?

Pain

CE #03 Did the facility implement practices that meet professional standards of quality?

Physical Restraints

CE #03 Did the facility implement practices that meet professional standards of quality?

Pressure Ulcers

CE #03 Did the facility implement practices that meet professional standards of quality?

F281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

Psychoactive Medication

CE # 03 Did the facility implement practices that meet professional standards of quality?

Rehabilitation and Community Discharge

CE # 03 Did the facility implement practices that meet professional standards of quality?

Skin Conditions (non-pressure related)

CE # 03 Did the facility implement practices that meet professional standards of quality?

Ventilator

CE # 03 Did the facility implement practices that meet professional standards of quality?

F282 SERVS BY QUALIFIED PERSONS IN ACCORD W/ CARE PLAN

Dialysis

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F309 PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING

Accidents

CE # 05 Based on observation, interviews, and record review, did the facility provide care necessary to meet the needs of the resident with the identified clinical diagnosis and/or condition?

ADL, Range of Motion, Cleanliness and Grooming, Positioning

CE # 05 Did the facility provide services to prevent decline in ADLs or ROM, maintain or improve ADLs, or ROM abilities, and provide services to meet ADL and positioning needs?

Admission, Transfer, Discharge Requirements

CE # 06 Does the facility ensure that the transfer or discharge is appropriate?

Behavioral and Emotional Status

CE # 05 Based on observation, interviews, and record review did the facility provide services to safely and effectively alleviate the resident's mental, psychosocial or behavioral symptoms?

Bowel or Bladder Function, Use of Catheter

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dialysis

CE # 05 Based on observation, interviews, and record review did the facility provide care to meet the needs of the resident receiving dialysis services?

Fecal Impaction

CE # 05 Did the facility provide services to prevent decline in ADLs or ROM, maintain or improve ADLs, or ROM abilities, and provide services to meet ADL and positioning needs?

General Critical Element Pathway

CE # 05 Based on observation, interviews, and record review, did the facility provide care necessary to meet the needs of the resident with the identified clinical diagnosis and/or condition?

Hospice and End of Life

CE # 05 Based on observation, interviews, and record review did the facility provide care to promote comfort, pain relief, and provide support to meet the needs of the special care hospice resident?

Hospitalization or Death

CE # 05 Did the facility provide the necessary care and services to maintain the highest level of physical, mental and psychosocial functioning?

Infections (non-UTI related)

CE # 05 Did the facility provide services to prevent decline in ADLs or ROM, maintain or improve ADLs, or ROM abilities, and provide services to meet ADL and positioning needs?

Pain

CE # 05 Did the resident receive care and services including the identification, treatment, monitoring and relief, if possible, of pain?

Pressure Ulcers

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Rehabilitation and Community Discharge

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Skin Conditions (non-pressure related)

CE # 05 Did the facility provide services to prevent decline in ADLs or ROM, maintain or improve ADLs, or ROM abilities, and provide services to meet ADL and positioning needs?

F310 ADLS DO NOT DECLINE UNLESS UNAVOIDABLE

ADL, Range of Motion, Cleanliness and Grooming, Positioning

CE # 05 Did the facility provide services to prevent decline in ADLs or ROM, maintain or improve ADLs, or ROM abilities, and provide services to meet ADL and positioning needs?

Communication and Sensory, Hearing and Vision

CE # 05 Did the facility provide proper care and treatment, including assistive devices, to attain or maintain hearing and/or vision abilities, and/or to either improve communication, or prevent a decline in communication ability?

Dining

CE # 11 Are residents positioned to maximize eating ability (i.e., wheel chairs fit under tables so residents can access food without difficulty and resident is positioned in correct alignment)?

F311 RESIDENT GIVEN TREATMENT TO IMPROVE/MAINTAIN ADLS

ADL, Range of Motion, Cleanliness and Grooming, Positioning

CE # 05 Did the facility provide services to prevent decline in ADLs or ROM, maintain or improve ADLs, or ROM abilities, and provide services to meet ADL and positioning needs?

Communication and Sensory, Hearing and Vision

CE # 05 Did the facility provide proper care and treatment, including assistive devices, to attain or maintain hearing and/or vision abilities, and/or to either improve communication, or prevent a decline in communication ability?

Dining

CE # 03 Do residents receive timely and appropriate assistance with meals?

Rehabilitation and Community Discharge

CE # 05 Based on observation, interviews, and record review did the facility ensure that (a) the resident received necessary rehabilitative services and, (b) based on discharge potential, discharge planning was provided?

F312 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS

ADL, Range of Motion, Cleanliness and Grooming, Positioning

CE # 05 Did the facility provide services to prevent decline in ADLs or ROM, maintain or improve ADLs, or ROM abilities, and provide services to meet ADL and positioning needs?

Bowel or Bladder Function, Use of Catheter

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dental

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dining

CE # 03 Do residents receive timely and appropriate assistance with meals?

F313 RES RECEIVE TREATMENT TO MAINTAIN HEARING/VISION

Communication and Sensory, Hearing and Vision

CE # 05 Did the facility provide proper care and treatment, including assistive devices, to attain or maintain hearing and/or vision abilities, and/or to either improve communication, or prevent a decline in communication ability?

F314 PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES

Pressure Ulcers

CE # 05 Based on observation, interviews, and record review, did the facility provide care to prevent the development and/or to promote the healing of a pressure ulcer?

F315 RES NOT CATHETERIZED UNLESS UNAVOIDABLE

Bowel or Bladder Function, Use of Catheter

CE # 05 Did the facility provide a medical justification for the use of the catheter; provide care/services to improve and/or prevent decline in normal bladder function; and prevent infections, as much as possible?

F317 NO REDUCTION IN RANGE OF MOTION UNLESS UNAVOIDABLE

ADL, Range of Motion, Cleanliness and Grooming, Positioning

CE # 05 Did the facility provide services to prevent decline in ADLs or ROM, maintain or improve ADLs, or ROM abilities, and provide services to meet ADL and positioning needs?

F318 RANGE OF MOTION TREATMENT & SERVICES

ADL, Range of Motion, Cleanliness and Grooming, Positioning

CE # 05 Did the facility provide services to prevent decline in ADLs or ROM, maintain or improve ADLs, or ROM abilities, and provide services to meet ADL and positioning needs?

Rehabilitation and Community Discharge

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F319 APPROP TREATMENT FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES

Behavioral and Emotional Status

CE # 05 Based on observation, interviews, and record review did the facility provide services to safely and effectively alleviate the resident's mental, psychosocial or behavioral symptoms?

F320 NO DEVELOP OF MENTAL PROBLEMS UNLESS UNAVOIDABLE

Behavioral and Emotional Status

CE # 05 Based on observation, interviews, and record review did the facility provide services to safely and effectively alleviate the resident's mental, psychosocial or behavioral symptoms?

F321 NO NG TUBE UNLESS UNAVOIDABLE

Enteral Feedings

CE # 01 Does the facility ensure that residents receive proper treatment and care for enteral feedings?

Nutrition, Hydration, Tube feeding

CE # 05 Did the facility provide care and services to address nutritional and hydration status, prevent complications from the use of naso-gastric or gastrostomy tubes, and restore normal eating skills?

F322 PROPER CARE & SERVICES FOR RES W/ NG TUBE

Enteral Feedings

CE # 01 Does the facility ensure that residents receive proper treatment and care for enteral feedings?

Nutrition, Hydration, Tube feeding

CE # 05 Did the facility provide care and services to address nutritional and hydration status, prevent complications from the use of naso-gastric or gastrostomy tubes, and restore normal eating skills?

F323 FACILITY IS FREE OF ACCIDENT HAZARDS

Accidents

CE # 05 Based on observation, interviews, and record review, did the facility provide care necessary to meet the needs of the resident with the identified clinical diagnosis and/or condition?

Environment

CE # 06 Are handrails accessible, securely affixed to the walls, and free from splinters or jagged edges?

CE # 10 Are potentially hazardous chemicals or other poisons inaccessible to residents?

CE # 17 Are water temperatures within acceptable ranges?

CE # 18 Is there adequate safety equipment (e.g., grab bars, non-slip surface) in the common bathing areas?

CE # 20 Are water temperatures within acceptable ranges in the resident rooms?

General Critical Element Pathway

CE # 05 Based on observation, interviews, and record review, did the facility provide care necessary to meet the needs of the resident with the identified clinical diagnosis and/or condition?

Physical Restraints

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Skin Conditions (non-pressure related)

CE # 05 Did the facility provide services to prevent decline in ADLs or ROM, maintain or improve ADLs, or ROM abilities, and provide services to meet ADL and positioning needs?

F325 RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABLE/RECEIVES THERAPEUTIC DIET

Nutrition, Hydration, Tube feeding

CE # 05 Did the facility provide care and services to address nutritional and hydration status, prevent complications from the use of naso-gastric or gastrostomy tubes, and restore normal eating skills?

Pressure Ulcers

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Ventilator

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F327 FACILITY PROVIDES SUFFICIENT FLUID INTAKE

Dining

CE # 20 Does the facility provide the residents with sufficient liquids and provide assistance when needed?

Nutrition, Hydration, Tube feeding

CE # 05 Did the facility provide care and services to address nutritional and hydration status, prevent complications from the use of naso-gastric or gastrostomy tubes, and restore normal eating skills?

Pressure Ulcers

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Ventilator

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F328 PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS

Colostomy, Ureterostomy, Ileostomy

CE # 01 Does the facility ensure that residents receive proper treatment and care for colostomy, ureterostomy or ileostomy?

Foot Care

CE # 01 Does the facility ensure that residents receive proper treatment and care for foot disorders?

Nutrition, Hydration, Tube feeding

CE # 05 Did the facility provide care and services to address nutritional and hydration status, prevent complications from the use of naso-gastric or gastrostomy tubes, and restore normal eating skills?

Parenteral Fluids

CE # 01 Does the facility ensure that residents receive proper treatment and care for parenteral fluids?

Prosthesis

CE # 01 Does the facility ensure that residents receive proper treatment and care for prosthesis?

Respiratory Care

CE # 01 Does the facility ensure that residents receive proper treatment and care for respiratory services?

Tracheal Suctioning

CE # 01 Does the facility ensure that residents receive proper treatment and care for tracheal suctioning?

Tracheostomy

CE # 01 Does the facility ensure that residents receive proper treatment and care for tracheostomy?

Ventilator

CE # 05 Based on observation, interviews, and record review did the facility provide care to meet the special care needs of the resident with a ventilator?

F329 FREE FROM UNNECESSARY DRUGS

Behavioral and Emotional Status

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Psychoactive Medication

CE # 05 Based on observation, interviews, and record review did the facility provide care to prevent adverse effects and use only necessary antipsychotic, anti-anxiety, and/or hypnotic drugs?

Unnecessary Drug Use

CE # 01 Was the observed medication preparation or administration in accordance with physician orders, accepted professional standards, and/or manufacturer's specifications?

F332 MEDICATION ERROR RATES OF 5% OR MORE

Medication Administration

CE # 01 Was the observed medication preparation or administration in accordance with physician orders, accepted professional standards, and/or manufacturer's specifications?

F333 RESIDENTS FREE FROM SIGNIFICANT MED ERRORS

Medication Administration

CE # 01 Was the observed medication preparation or administration in accordance with physician orders, accepted professional standards, and/or manufacturer's specifications?

F334 INFLUENZA AND PNEUMOCOCCAL IMMUNIZATION

Infection Control & Immunizations

CE # 09 Did the facility develop and implement policies and procedures related to influenza and pneumococcal immunizations?

F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS

Accidents

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Activities

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

ADL, Range of Motion, Cleanliness and Grooming, Positioning

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Behavioral and Emotional Status

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Bowel or Bladder Function, Use of Catheter

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dental

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dialysis

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dining

CE # 01 Are staff preparing, serving and assisting with dining in the scheduled timeframes?

Extended Survey

CE # 01 Is the facility in compliance with F353?

Fecal Impaction

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

General Critical Element Pathway

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Hospitalization or Death

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Infections (non-UTI related)

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Nutrition, Hydration, Tube feeding

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Pain

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Physical Restraints

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Pressure Ulcers

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Psychoactive Medication

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F353 SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS

Rehabilitation and Community Discharge

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Skin Conditions (non-pressure related)

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Sufficient Nursing Staff

CE # 01 Does the facility have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident?

Ventilator

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F354 USE OF CHARGE NURSE & REGISTERED NURSE

Extended Survey

CE # 02 Is the facility in compliance with F354?

F356 NURSE STAFFING DATA POSTED

Environment

CE # 02 Is nurse staffing information posted and/or readily accessible to residents and visitors and in a readable form?

Extended Survey

CE # 03 Is the facility in compliance with F356?

F362 SUFFIC SUPPORT PERSONNEL FOR DIETARY SERVICES

Dining

CE # 01 Are staff preparing, serving and assisting with dining in the scheduled timeframes?

F364 FOOD PROPERLY PREPARED, PALATABLE, ETC.

Dining

CE # 19 Does the facility serve the meals in an attractive manner (Foods not combined together, variety of textures/colors)?

Food Quality (Resident level)

CE # 01 Does the facility provide food prepared by methods that conserve nutritive value, flavor, and appearance; food that is palatable, attractive, and at the proper temperature?

Kitchen

CE # 07 Was food prepared and served under sanitary conditions and in a manner that conserves nutritive value, flavor, and appearance?

F366 SUBSTITUTES OFFERED OF SIMILAR NUTRITIVE VALUE

Dining

CE # 16 Are meal substitutes offered when foods are refused?

F368 FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS

Dining

CE #02 Does the facility provide meals that are no greater than 14 hours between the evening meal and breakfast (or 16 hours with approval of a resident group and provision of a substantial evening snack)?

F369 PROVIDES SPECIAL EATING EQUIPMENT/UTENSILS

Dining

CE #10 Are assistive devices provided as needed to promote independence?

F371 APPROVED PROCUREMENT SOURCES/STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS

Dining

CE #04 Does staff follow proper tableware handling techniques?

CE #05 Does staff utilize hygienic practices?

Environment

CE #15 Are proper refrigerator temperatures maintained and are food items dated/labeled?

Kitchen

CE #01 Are foods stored under sanitary conditions?

CE #03 Are foods prepared under sanitary conditions?

CE #04 Is the food stored at the appropriate temperatures?

CE #05 Is food stored under sanitary conditions?

CE #07 Was food prepared and served under sanitary conditions and in a manner that conserves nutritive value, flavor, and appearance?

CE #08 Were dishes and utensils cleaned and stored under sanitary conditions?

CE #09 Is food preparation equipment clean and in safe operating condition?

F372 DISPOSE GARBAGE & REFUSE PROPERLY

Kitchen

CE #10 Was garbage and refuse disposed of properly?

F373 PAID FEEDING ASSISTANTS

ADL, Range of Motion, Cleanliness and Grooming, Positioning

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dining

CE #03 Do residents receive timely and appropriate assistance with meals?

Nutrition, Hydration, Tube feeding

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F385 RESIDENTS' CARE SUPERVISED BY A PHYSICIAN

Accidents

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Bowel or Bladder Function, Use of Catheter

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dialysis

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Extended Survey

CE # 04 Is the facility in compliance with F385?

Fecal Impaction

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

General Critical Element Pathway

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Hospitalization or Death

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Infections (non-UTI related)

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Nutrition, Hydration, Tube feeding

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Pain

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Physical Restraints

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Pressure Ulcers

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Psychoactive Medication

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Rehabilitation and Community Discharge

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Skin Conditions (non-pressure related)

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Ventilator

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F386 PHYSICIAN RESPONSIBILITIES DURING VISITS

Extended Survey

CE # 05 Is the facility in compliance with F386?

Psychoactive Medication

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F387 FREQUENCY & TIMELINESS OF PHYSICIAN VISIT

Extended Survey

CE # 06 Is the facility in compliance with F387?

F388 VISITS BY PHYSICIAN/PHYSICIAN ASSISTANT/ETC

Extended Survey

CE # 07 Is the facility in compliance with F388?

F389 EMERGENCY PHYSICIAN SERVICES 24 HR/DAY

Extended Survey

CE # 08 Is the facility in compliance with F389?

F390 PHYSICIAN DELEGATION OF TASKS IN SNFS & NFS

Extended Survey

CE # 09 Is the facility in compliance with F390?

F406 FACILITY PROVIDES SPECIALIZED REHAB SERVICES

Communication and Sensory, Hearing and Vision

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Physical Restraints

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Rehabilitation and Community Discharge

CE # 05 Based on observation, interviews, and record review did the facility ensure that (a) the resident received necessary rehabilitative services and, (b) based on discharge potential, discharge planning was provided?

Ventilator

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F411 DENTAL SERVICES IN SNFS

Dental

CE # 05 Based on observation, interviews, and record review did the facility provide or obtain from an outside resource, dental services to meet the needs of the resident?

F412 DENTAL SERVICES IN NFS

Dental

CE # 05 Based on observation, interviews, and record review did the facility provide or obtain from an outside resource, dental services to meet the needs of the resident?

F425 FACILITY PROVIDES DRUGS & BIOLOGICALS

Dialysis

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Medication Administration

CE # 01 Was the observed medication preparation or administration in accordance with physician orders, accepted professional standards, and/or manufacturer's specifications?

F428 RES DRUG REGIMEN REVIEWED MONTHLY BY PHARMACIST

Psychoactive Medication

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Unnecessary Drug Use

CE # 01 Was the observed medication preparation or administration in accordance with physician orders, accepted professional standards, and/or manufacturer's specifications?

F431 PROPER LABELING OF DRUGS & BIOLOGICALS

Medication Administration

CE # 02 Are all drugs and biologicals stored properly (medication rooms, carts, boxes, refrigerators)?

F441 FACILITY ESTABLISHES INFECTION CONTROL PROG

Dialysis

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dining

CE # 05 Does staff utilize hygienic practices?

Infection Control & Immunizations

CE # 02 Are gloves worn if there is contact with blood, specimens, tissue, body fluids or excretions?

CE # 03 Are gloves changed between resident contacts?

CE # 05 Are precautions observed for the disposal of soiled linens, dressings, disposable equipment (sharps, etc.), and for the cleaning of contaminated reusable equipment?

CE # 08 Does the facility establish and maintain an infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent development and transmission of disease and infection?

F442 FACILITY ISOLATES RESIDENTS WHEN APPROPRIATE

Infection Control & Immunizations

CE # 07 Are isolation precautions implemented when it is determined that a resident needs isolation?

F443 PROHIBIT EMP W/COMMUN DISEASE FROM DIRECT RES CONTACT

Dining

CE # 06 Are the staff who handle food products free of signs of infection?

Infection Control & Immunizations

CE # 04 Are staff who are providing direct care free from communicable diseases or infected skin lesions?

Kitchen

CE # 02 Does the facility prohibit staff with open areas on their skin, signs of infection or other indications of illness, from handling food products?

CE # 06 Does the facility prohibit staff with open areas on their skin, signs of infection or other indications of illness, from handling food products?

F444 WASH HANDS WHEN INDICATED

Bowel or Bladder Function, Use of Catheter

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dialysis

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Infection Control & Immunizations

CE # 01 Are proper hand washing techniques followed by the staff?

F445 HANDLE LINENS TO PREVENT SPREAD OF INFECTION

Infection Control & Immunizations

CE # 06 Are linens and laundry handled or transported in a manner to prevent the spread of infection?

F455 FACILITY HAS EMERGENCY ELECTRICAL POWER

Dialysis

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Environment

CE # 28 Is there a working emergency generator?

CE # 29 Is there a functional emergency power system?

F456 ESSENTIAL EQUIPMENT IN SAFE OPERATING CONDITION

Environment

CE # 22 Is common use resident care equipment in good working condition?

CE # 24 Is the laundry equipment in good working condition?

Kitchen

CE # 04 Is the food stored at the appropriate temperatures?

CE # 09 Is food preparation equipment clean and in safe operating condition?

F457 ROOMS ACCOMODATE NO MORE THAN 4 RESIDENTS

Resident Room-Number of Residents Per Room

CE # 01 Does the facility ensure that the residents' rooms accommodate no more than four residents?

F458 ROOMS MEASURE AT LEAST 80 SQ FT PER RESIDENT

Resident Room-Size

CE # 01 Does the facility ensure that the residents' rooms measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms?

F459 ROOMS HAVE DIRECT ACCESS TO EXIT CORRIDOR

Resident Room-Access To Exit Corridor

CE # 01 Does the facility ensure that the residents' rooms have direct access to an exit corridor?

F461 ROOMS HAVE AT LEAST 1 WINDOW TO OUTSIDE

Resident Room-Window To Outside and Floor at or Above Grade Level

CE # 01 Does the facility ensure that the residents' rooms have at least one window to the outside and have a floor at or above grade level?

F463 RESIDENT CALL SYSTEM

Dialysis

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Environment

CE # 16 Are call systems in common bathing and resident toilet areas functioning properly?

F464 REQUIREMENTS FOR DINING & ACTIVITY AREAS

Activities

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dining

CE # 12 Is the lighting adequate?

CE # 13 Is the ventilation adequate?

Environment

CE # 09 Is there adequate space and/or furnishings in the activity areas to accommodate all activities?

F465 ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTABLE

Dining

CE # 17 Are the dining areas adequately furnished to meet residents' physical and social needs?

CE # 18 Do the dining areas have sufficient space to accommodate all activities?

F466 PROCEDURES TO ENSURE WATER AVAILABILITY

Dialysis

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Environment

CE # 30 Are procedures established to ensure water is available to essential areas when there is a loss of normal water supply?

F467 FACILITY HAS ADEQUATE OUTSIDE VENTILATION

Environment

CE #05 Is there adequate ventilation in the common areas?

F468 CORRIDORS HAVE FIRMLY SECURED HANDRAILS

Environment

CE #06 Are handrails accessible, securely affixed to the walls, and free from splinters or jagged edges?

F469 MAINTAINS EFFECTIVE PEST CONTROL PROGRAM

Environment

CE #04 Is the facility free of signs of insects or rodents?

Kitchen

CE #11 Food storage, preparation and service areas are free of visible signs of insects and/or rodents?

F490 FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST PRAC

Extended Survey

CE #10 Is the facility in compliance with F490?

F491 FACILITY LICENSED UNDER STATE AND LOCAL LAWS

Extended Survey

CE #11 Is the facility in compliance with F491?

F492 COMPLIANCE WITH FEDERAL/STATE/LOCAL LAWS/PROF STDS

Demand Billing

CE #03 Were beneficiaries appropriately provided an opportunity to request a demand bill? (Residents receiving a "level of care" denial must be given the option to request that the facility submit the bill to Medicare.)

CE #05 If yes, were the requests handled appropriately?

Extended Survey

CE #12 Is the facility in compliance with F492?

F493 GOVERNING BODY APPOINTS ADMIN; MANAGES FACILITY

Extended Survey

CE #13 Is the facility in compliance with F493?

F494 NURSE AIDE TRAINING/COMPETENCY

Extended Survey

CE #14 Is the facility in compliance with F494?

F495 COMPETENCY OF NURSE AIDES WHO WORKED LESS THAN 4 MO

Extended Survey

CE #15 Is the facility in compliance with F495?

F496 NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

Extended Survey

CE # 16 Is the facility in compliance with F496?

F497 REGULAR PERF REV & INSERVICE OF NURSE AIDES

Extended Survey

CE # 17 Is the facility in compliance with F497?

F498 PROFICIENCY OF NURSE AIDES

ADL, Range of Motion, Cleanliness and Grooming, Positioning

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Bowel or Bladder Function, Use of Catheter

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Extended Survey

CE # 18 Is the facility in compliance with F498?

Physical Restraints

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Rehabilitation and Community Discharge

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F499 FACILITY MUST EMPLOY QUALIFIED PROF STAFF

Activities

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Extended Survey

CE # 19 Is the facility in compliance with F499?

F500 USE OF OUTSIDE PROFESSIONAL RESOURCES

Extended Survey

CE # 20 Is the facility in compliance with F500?

F501 RESPONSIBILITIES OF MEDICAL DIRECTOR

Accidents

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Bowel or Bladder Function, Use of Catheter

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Dialysis

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Extended Survey

CE # 21 Is the facility in compliance with F501?

Fecal Impaction

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

General Critical Element Pathway

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Hospitalization or Death

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Infections (non-UTI related)

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Nutrition, Hydration, Tube feeding

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Pain

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Physical Restraints

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Pressure Ulcers

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Psychoactive Medication

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Rehabilitation and Community Discharge

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Skin Conditions (non-pressure related)

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

Ventilator

CE # N/A Additional structure, process, and/or outcome requirements for consideration in relation to this Care Area:

F502 FACIL PROVIDES/OBTAINS LAB SERVICES

Extended Survey

CE # 22 Is the facility in compliance with F502?

F503 LAB SERVICES PROVIDED BY FAC/REFERRING SPECIMENS

Extended Survey

CE # 23 Is the facility in compliance with F503?

F504 LAB SERVICES ONLY WHEN ORDERED BY PHYSICIAN

Extended Survey

CE # 24 Is the facility in compliance with F504?

F505 PHYSICIAN PROMPTLY NOTIFIED OF LAB RESULTS

Extended Survey

CE # 25 Is the facility in compliance with F505?

F506 FACIL ASSISTS RES IN TRANSPORT TO LAB

Extended Survey

CE # 26 Is the facility in compliance with F506?

F507 LAB REPORTS ARE FILED IN CLINICAL RECORD

Extended Survey

CE # 27 Is the facility in compliance with F507?

F508 FACIL PROVIDES/OBTAINS RADIOLOGY SERVICES

Extended Survey

CE # 28 Is the facility in compliance with F508?

F509 RADIOLOGY SERVICES MEET REQUIREMENTS

Extended Survey

CE # 29 Is the facility in compliance with F509?

F510 RADIOLOGY/DIAGNOSTIC SERVICES ONLY WHEN ORDERED

Extended Survey

CE # 30 Is the facility in compliance with F510?

F511 PROMPTLY NOTIFY PHYSICIAN OF RADIOLOGY FINDINGS

Extended Survey

CE # 31 Is the facility in compliance with F511?

F512 ASSIST RES IN TRANSPORT FOR RADIOLOGY

Extended Survey

CE # 32 Is the facility in compliance with F512?

F513 REPORTS OF X-RAYS/DIAGNOSTIC SRVS FILED IN RECORD

Extended Survey

CE # 33 Is the facility in compliance with F513?

F514 CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

Extended Survey

CE # 34 Is the facility in compliance with F514?

F515 REQ FOR MAINTAINING CLINICAL RECORDS

Extended Survey

CE # 35 Is the facility in compliance with F515?

F516 FACILITY SAFEGUARDS CLINICAL RECORDS

Extended Survey

CE # 36 Is the facility in compliance with F516?

F517 PLANS TO MEET EMERGENCIES/DISASTERS

Extended Survey

CE # 37 Is the facility in compliance with F517?

F518 TRAIN EMPLOYEES, EMERGENCY PROC/DRILLS

Environment

CE # 26 Does staff (nursing, dietary, laundry, housekeeping, administrative, etc.) know what to do in an emergency situation?

Extended Survey

CE # 38 Is the facility in compliance with F518?

F519 TRANSFER AGREEMENT WITH HOSPITAL

Extended Survey

CE # 39 Is the facility in compliance with F519?

F520 FACILITY MAINTAINS QA COMMITTEE

Extended Survey

CE # 40 Is the facility in compliance with F520?

Quality Assessment and Assurance

CE # 01 Does the facility have a QAA committee that consists of at a minimum, the director of nursing, a physician designated by the facility and 3 members of the facility staff?

CE # 02 Does the facility have a QAA committee that meets at least quarterly?

CE # 03 Does the facility have a QAA committee that identifies issues that require quality assessment and assurance activities?

CE # 04 Does the facility have a QAA committee that has developed and implemented appropriate plans of action to correct identified quality deficiencies?

F522 DISCLOSURE OF OWNERSHIP REQUIREMENTS

Extended Survey

CE # 41 Is the facility in compliance with F522?