

Long-Term Care Facility State Operations Manual Updated to Include Survey and Certification Letters from 2003 to 2014

The Long Term Care Facility State Operations Manual (SOM) Interpretive Guidelines for Surveyors and Associated Investigative Protocols has been updated by the Centers for Medicare and Medicaid Services (CMS) to reflect survey and certification guidance previously issued in the form of survey and certification letters and policy memorandums from fiscal year 2003 through May of 2014.

These revisions, effective Nov. 26, 2014, do not represent new information or new protocols.

Key Areas of Revisions: Long Term Care Facility State Operations Manual

F155 §483.10(b)(4) and (8)

§ 483.10(b)(4) -- The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive...

§483.10(b)(8) -- The facility must comply with the requirements specified in subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives.

- Includes sections:
 - Establishing and Maintaining Policies and Procedures Regarding These Rights.
 - Informing and Educating the Resident About These Rights.
 - Establishing advance directives; Advance Care Planning.
 - Right to Refuse Medical or Surgical Treatment.
 - Right to Decline to Participate in Experimental Research.

F161 §483.10(c)(7) Assurance of Financial Security

NOTE: The surety bond is not limited to personal needs allowance funds. Any resident funds that are entrusted to the facility for a resident must be covered by the surety bond, including refundable deposit fees

F202 §483.12(a)(3) Documentation

[Transfers / binding arbitration] Clarifies that if a nursing home discharges a resident or retaliates due to an existing resident's failure to sign or comply with a binding arbitration agreement, the state and region may initiate an enforcement action based on a violation of the rules governing resident discharge and transfer.

A current resident is not obligated to sign a new admission agreement that contains binding arbitration.

F208 §483.12(d)(3) Admissions Policy / Medicaid

Prohibition on charging, soliciting, accepting, or receiving gifts, money.... as a precondition of admission....; Includes:

- NOTE: This regulation does not preclude a facility from charging a deposit fee to, or requiring a promissory note from, an individual whose stay is not covered by Medicaid. In instances where the deposit fee is refundable and remains as funds of the resident, the facility must have a surety bond that covers the deposit amount (§483.10(c)(7)).
- Permitted Charges for Medicaid Eligible Residents

F222 §483.13(a) Restraints

Clarifies in a NOTE: Falls do not constitute self-injurious behavior or a medical symptom that warrants the use of a physical restraint.

Although restraints have been traditionally used as a falls prevention approach, they have major, serious drawbacks and can contribute to serious injuries.

There is no evidence that the use of physical restraints, including but not limited to side rails, will prevent or reduce falls.

Additionally, falls that occur while a person is physically restrained often result in more severe injuries (e.g., strangulation, entrapment).

§483.20(i) Certification [Resident Assessment]

- Addresses use of electronic signatures.
- NOTE: Where state law is more restrictive than federal requirements, the provider needs to apply the state law standard.

F309 §483.25 Quality of Care -- Review of Care and Services for a Resident with Dementia

Includes an Overview of Dementia and Behavioral Health

- What is Behavior?; What is Dementia?; What is Delirium?
- Therapeutic Interventions or Approaches
 - Medication Use in Dementia (see also F329); Antipsychotic medications
 - Resident and/or Family/Representative Involvement:
 - Care Process for a Resident with Dementia
 - Recognition and Assessment; Cause Identification and Diagnosis; Development of Care Plan; Individualized Approaches and Treatment; Staffing and Staff Training; Involvement of the Medical Team
 - Monitoring and Follow-up
 - Quality Assessment and Assurance (QAA)

- Investigative Protocol

F322 -- §483.25(g)(1) Naso-Gastric Tubes

A resident who has been able to eat enough alone or with assistance is not fed by naso-gastric tube unless the resident's clinical condition demonstrates that use of a naso-gastric tube was unavoidable.

- Includes sections: Definitions; Overview; Resources; Considerations regarding Use of Feeding Tubes; Resident Rights; Technical and Nutritional Aspects of Feeding Tubes.
- Investigative Protocol.

F329 -- §483.25(l) Unnecessary Drugs

Antipsychotics

- Includes updated Classes/Indications; Investigative Protocol

F332 / F333 -- §483.25(m) (1) and (2) Medication Errors

The facility...is free of medication error rates of 5% or greater; Residents are free of any significant medication errors.

Interpretive Guidelines §483.25(m) (1) and (2) include:

- Significant medication errors are cited in the following circumstances: Medications Administered Via Enteral Feeding Tubes; Nutritional and Dietary Supplements; Medications Instilled into the Eye; Sublingual Medications

F371 -- §483.35(i)- Sanitary Conditions

The facility must procure food from sources approved or considered satisfactory by Federal, State or local authorities; and Store, prepare, distribute and serve food under sanitary conditions... Includes:

- Nursing Home Gardens.
- Use of pasteurized shell eggs, liquid pasteurized eggs or unpasteurized shell eggs.

F388 -- §483.40(c)(3) Physician Visits / Physician Delegation of Tasks

- Clarifies Delegation for Initial Visits.
- Includes the Updated Chart for Delegation of Authority to Perform Visits and Sign Orders.

F425 -- §483.60 Pharmacy Services

Clarifies that procedures should identify how staff, who are responsible for medication administration:

- Ensure adequate supplies.
- Monitor delivery.
- Determine appropriate action when medications are not available.
- Address Foreign Acquired Medications.

F428 -- §483.60(c) Drug Regimen Review

MEDICATION REGIMEN REVIEW (MRR)

- Clarifies the requirement for the MRR applies to each resident, including residents who are receiving respite care; are at the end of life or have elected the hospice benefit and are receiving respite care; have an anticipated stay of less than 30 days; or have experienced a change in condition

F441 -- §483.65 Infection Control

Addresses Single Dose / Single Use Medications; Handling Linens to Prevent and Control Infection Transmission

F492 -- §483.75(b) & (c) Compliance With Federal, State, and Local Laws and Professional Standards

The facility must operate and provide services in compliance with all applicable federal, state, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. Includes definitions:

- “Accepted professional standards and principles.”
- “An authority having jurisdiction.”
- “Final adverse action.”

F514 -- §483.75(l) Clinical Records

Addresses Electronic Health Records and Use of Electronic Signature.