

## Long Term Care Facility Requirements of Participation (RoP) Overview Checklist

This checklist provides a high-level overview of the changes CMS made to the long-term care facility Requirements of Participation (RoP) and denotes in which of the three implementation phases each requirement must be implemented. It is intended to give centers an overview of the major changes that are explicitly stated in the new requirements, so centers can determine where to focus their efforts. It does not describe the implicit changes that may need to occur when implementing the explicit changes. In other words, this document does not provide every action or task a center must take to comply with the new regulations. For example, changes to required Policies & Procedures may also require changes in other documentation and staff training in your facility that are not explicitly identified in the regulations. It also does not reflect all aspects of the regulatory requirements. Lastly, this document does not outline all of the documentation requirements that must be made in the medical record nor the staff competencies that CMS expects.

The RoP will be implemented in a 3-year phased-in approach:

- Phase 1: November 28, 2016
- Phase 2: November 28, 2017
- Phase 3: November 28, 2019
- **Updated or new interpretive guidance: October 24, 2022**

We recommend employing an organized process improvement approach to guide the effective implementation of new requirements, as this will help to produce desired results and has consistently been shown to result in better resident outcomes and survey/regulatory compliance.

This document contains explicitly mentioned changes in the RoP related to the following areas. **Red text denotes areas of interpretive guidance that was updated.**

|  |  |   |
|--|--|---|
| <ul style="list-style-type: none"><li>● Polices &amp; Procedures</li><li>● Programs</li><li>● Plans</li><li>● Staff Positions &amp; Certification Requirements</li></ul> | <ul style="list-style-type: none"><li>● Forms &amp; Documents</li><li>● In-service &amp; Staff Trainings</li><li>● Notifications &amp; Resident Rights</li><li>● Resident Care Plan &amp; Discharge Plan</li></ul> | <ul style="list-style-type: none"><li>● Processes, Systems &amp; Assessments</li><li>● Physical Environment</li></ul> |
|--|--|---|

## Policies & Procedures

CMS requires that all Medicare and Medicaid certified nursing centers have specific POLICIES & PROCEDURES in place with specific components in each policy. This section outlines all of the new policies that are required and lists policies & procedures that have always needed to be in place but to which CMS has made changes to what is required. Existing policy requirements that did not have any changes are **NOT** listed.

| Policies & Procedures   | Regulatory Section | Phase (Date Enforced) | Notes on Phase-In  |
|---|--------------------|-----------------------|--|
| 1. Have you created all the <b><u>NEW</u></b> required policies & procedures?         |                    |                       |  |
| <input type="checkbox"/> Visitation rights of residents                               | §483.10(f)         | Phase 1               | Guidance Updates   |
| <input type="checkbox"/> Grievance policy   | §483.10            | Phase 1               |  |
| <input type="checkbox"/> Loss or damage of dentures                                   | §483.55            | Phase 2               |  |
| <input type="checkbox"/> Use & storage of foods brought to residents by family/others | §483.60            | Phase 1               |  |
| <input type="checkbox"/> Infection Prevention and Control Program                     | §483.80            | Phase 1               | Guidance Updates   |
| <input type="checkbox"/> Compliance and Ethics  | §483.85            | Phase 3               | Guidance Updates   |
| <input type="checkbox"/> Monthly drug regimen review                                  | §483.45            | Phase 1               | <ul style="list-style-type: none"> <li>● (c)(2) chart review - Phase 2</li> <li>● (e) Psychotropic drugs - Phase 2</li> </ul> Guidance Updates |
| <input type="checkbox"/> Notifying clinicians   | §483.50            | Phase 1               |  |
| <input type="checkbox"/> QAPI feedback, data collection, and monitoring               | §483.75            | Phase 3               | Guidance Updates   |

|   |                         |         |                  |
|---|-------------------------|---------|------------------|
| <input type="checkbox"/> QAPI systematic approach for quality improvement                                 | §483.75                 | Phase 3 | Guidance Updates |
| <input type="checkbox"/> Smoking  | §483.90                 | Phase 2 |                  |
| 2. Have you updated and modified <b>existing</b> policies & procedures to which the RoPs require changes? |                         |         |                  |
| <input type="checkbox"/> Advance directives   | §483.10(b)(8)           | Phase 1 |                  |
| <input type="checkbox"/> Bed hold policy  | §483.15                 | Phase 1 |                  |
| <input type="checkbox"/> Room Changes   | §483.10(b)(15)          | Phase 1 |                  |
| <input type="checkbox"/> Abuse, neglect and exploitation of residents & property                          | §483.12                 | Phase 1 | Guidance Updates |
| <input type="checkbox"/> Reporting of crime   | §483.12                 | Phase 2 | Guidance Updates |
| <input type="checkbox"/> Permitting Resident to Return to Facility  | §483.15                 | Phase 1 | Guidance Updates |
| <input type="checkbox"/> Admissions Policy  | §483.15(a)              | Phase 1 |                  |
| <input type="checkbox"/> Staff Treatment of Residents   | §483.12(b) <sup>1</sup> | Phase 1 | Guidance Updates |
| <input type="checkbox"/> Influenza and pneumococcal immunizations   | §483.80                 | Phase 1 |                  |
| <input type="checkbox"/> Facility closure   | §483.70                 | Phase 1 |                  |
| <input type="checkbox"/> Administrator’s duties & responsibilities  | §483.70                 | Phase 1 | Guidance Updates |

**Programs**

CMS requires that all Medicare and Medicaid certified nursing centers have specific PROGRAMS in place, each with specific components. This section outlines all of the programs that CMS explicitly requires in the RoPs.

| Programs   | Regulatory Section | Phase (Date Enforced) | Notes on Phase-In |
|--|--------------------|-----------------------|-------------------|
| 1. Do you have all the <b><u>NEW</u></b> “programs” as required? |                    |                       |                   |
| <input type="checkbox"/> Compliance & Ethics program             | §483.85            | Phase 3               | Guidance Updates  |
| <input type="checkbox"/> Activities program                      | §483.24            | Phase 1               |                   |

|   |         |         |   |
|---|---------|---------|---|
| <input type="checkbox"/> QAPI program                             | §483.75 | Phase 3 | Phase 3: <ul style="list-style-type: none"> <li>• Entire section implemented in Phase 3 except:</li> </ul> Phase 2: <ul style="list-style-type: none"> <li>• QAPI Plan at 483.75(a)(2)</li> </ul> Phase 1: <ul style="list-style-type: none"> <li>• Disclosure of information to Survey Agency at 483.75(h)</li> <li>• Sanctions at 483.75(i) QAA committee 483.75(g)(1) [excluding subparagraph (iv), the addition of the infection preventionist, which is implemented in Phase 3]</li> </ul> <p style="color: red;">Guidance Updates</p> |
| <input type="checkbox"/> Infection Prevention and Control Program | §483.80 | Phase 1 | <ul style="list-style-type: none"> <li>• Linking to facility assessment &amp; antibiotic stewardship - Phase 2</li> <li>• Requirement for an Infection Preventionist - Phase 3</li> </ul> <p style="color: red;">Guidance Updates</p>   |
| <input type="checkbox"/> Antibiotic Stewardship program           | §483.80 | Phase 2 | <p style="color: red;">Guidance Updates</p>   |

|   |         |         |  |
|---|---------|---------|--|
| <input type="checkbox"/> Training program (see training & in-service section) | §483.95 | Phase 3 | The following need to be implemented in phase 1; 483.95(c), 483.95(g)(1), 483.95 (g)(2) and 483.95 (g)(4), and 483.95(h).<br><br><b>Guidance Updates</b> |
|---|---------|---------|--|

### Plans

CMS requires that all Medicare and Medicaid certified nursing centers have specific facility PLANS in place, each with specific components. This section outlines all of the facility plans that CMS explicitly requires in the RoPs.

| Plans   | Regulatory Section | Phase (Date Enforced) | Notes on Phase-In       |
|---|--------------------|-----------------------|-------------------------|
| 1. Have you created all the <b>NEW</b> required facility plans? |                    |                       |                         |
| <input type="checkbox"/> Infection Control plan                 | §483.80            | Phase 1               | <b>Guidance Updates</b> |
| <input type="checkbox"/> QAPI plan                              | §483.75            | Phase 2               | <b>Guidance Updates</b> |

### Staff Positions & Certification Requirements

CMS requires new positions (which can be filled or shared by existing staff) and has made changes to the qualifications for certain existing required positions. Required positions or qualifications (e.g. activities coordinator or feeding assistants) that did not have any changes are not listed here.

| Staff Positions & Certification Requirements  | Regulatory Section | Phase (Date Enforced) | Notes on Phase-In   |
|---|--------------------|-----------------------|---|
| 1. Do you have a person designated for the <b>NEW</b> required positions?   |                    |                       |   |
| <input type="checkbox"/> Compliance Contact (in each facility)  | §483.85(c)(1)      | Phase 3               | Guidance Updates  |
| <input type="checkbox"/> Person to Oversee Compliance (must be high-level person within the Organization)         | §483.85(c)(2)      | Phase 3               | Guidance Updates  |
| <input type="checkbox"/> Compliance Officer (for Organization when the Organization has >5 facilities)            | §483.85(d)(2)      | Phase 3               | Guidance Updates  |
| Staff Positions & Certification Requirements  | Regulatory Section | Phase (Date Enforced) | Notes on Phase-In   |
| <input type="checkbox"/> Compliance Liaison (in each facility when Organization has >5 facilities)                | §483.85(d)(3)      | Phase 3               | Guidance Updates  |
| <input type="checkbox"/> Infection Preventionist  | §483.80(b) and (c) | Phase 3               | Phase 3 also requires IP participation on QAA committee per 483.80(c)<br>Guidance Updates |
| <input type="checkbox"/> Grievance Officer  | §483.10            | Phase 1               |   |
| 2. Does your <b>EXISTING</b> staff who are currently in a required position, meet new changes to those positions? |                    |                       |   |

|  |                  |         |   |
|--|------------------|---------|---|
| <input type="checkbox"/> Dietician             | §483.60(a)(1)(i) | Phase 1 | Dietitians hired before November 28, 2016 have 5 years from that date to comply             |
| <input type="checkbox"/> Food Service Director | §483.60(a)(2)(i) | Phase 1 | Food Service Directors hired before November 28, 2016 have 5 years from that date to comply |
| <input type="checkbox"/> Social Worker         | §483.70(p)(1)    | Phase 1 |   |

### Forms & Documents

CMS requires certain documents, assessments, or plans be used that have a standard set of information in or on them, which we are labeling as “forms.” CMS allows the facility to design their own forms. (Note: This does **not** contain list of “forms” a facility may need to develop to help them implement some of the RoPs. This section does **not** summarize all of the documentation required in the medical record.)

| New Forms  | Regulatory Section         | Phase (Date Enforced) | Notes on Phase-In  |
|--|----------------------------|-----------------------|--|
| 1. Have you updated or created all the <b>NEW</b> forms? |                            |                       |  |
| <input type="checkbox"/> Discharge Summary               | §483.15(c)2<br>§483.21(c)2 | Phase 2<br>Phase 1    | Discharge summary requirements are in two sections.<br><b>Guidance Updates</b> |



|   |             |         |  |
|---|-------------|---------|--|
| <input type="checkbox"/> Discharge plan for each resident | §483.20     | Phase 1 |  |
| <input type="checkbox"/> Resident assessment              | §483.15     | Phase 1 |  |
| <input type="checkbox"/> Baseline Care Plan               | §483.21     | Phase 2 |  |
| <input type="checkbox"/> Drug regime review report        | §483.45(c)3 | Phase 1 |  |
| <input type="checkbox"/> Facility-wide assessment         | §483.70(e)  | Phase 2 |  |

### In-services & Staff Trainings

CMS requires new training and in-services for staff, some prior to orientation, some once, and others annually. Some apply to all staff and others to specific staff on specific topics. This section lists the required training and in-services and staff who need to receive the training. The amount and types of training must be linked to the facility assessment specified at §483.70(e). This list does not address trainings identified through the facility assessment or QAPI program, nor does it address assessment of staff competencies, which are all required as well. It also does not include existing required staff trainings that were not modified by CMS or specified in CMS policy memos.

| <b>In-services &amp; Staff Trainings (specifically required)</b>   | <b>Regulatory Section</b> | <b>Phase (Date Enforced)</b> | <b>Notes on Phase-In</b> |
|--|---------------------------|------------------------------|--------------------------|
| 1. Do you have the newly required training program that covers required topics for all new and existing staff, individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles? |                           |                              |                          |

|  |                           |                              |  |
|--|---------------------------|------------------------------|--|
| <input type="checkbox"/> Abuse, Neglect and Exploitation               | §483.95(c)                | Phase 1                      |  |
| <input type="checkbox"/> Communication                                 | §483.95(a)                | Phase 3                      | Guidance Updates   |
| <input type="checkbox"/> Resident Rights and Facility Responsibilities | §483.95(b)                | Phase 3                      | Guidance Updates   |
| <input type="checkbox"/> Quality Assurance and Performance Improvement | §483.95(d)                | Phase 3                      | Guidance Updates   |
| <input type="checkbox"/> Infection Control                             | §483.95(e)                | Phase 3                      | Guidance Updates   |
| <input type="checkbox"/> Compliance and ethics                         | §483.95(f)                | Phase 3                      | Guidance Updates   |
| <input type="checkbox"/> Behavioral Health                             | §483.95(i)                | Phase 3                      | Consistent with requirements at 483.40<br>Guidance Updates |
| <b>In-services &amp; Staff Trainings (specifically required)</b>       | <b>Regulatory Section</b> | <b>Phase (Date Enforced)</b> | <b>Notes on Phase-In</b>                                   |
|  |                           |                              | and as determined by facility assessment at 483.70(e)      |

|   |  |         |                  |
|---|--|---------|------------------|
| 2. Have you updated <b>existing</b> in-services with the new information or new staff required to be included in these in-services?   |  |         |                  |
| <input type="checkbox"/> Nurse aide in-service training (no less than 12 hours per year) to include following components (in addition to the additional topics in the training program above):<br><input type="checkbox"/> dementia management<br><input type="checkbox"/> resident abuse prevention<br><input type="checkbox"/> care of the cognitively impaired, for those caring for those individuals | §483.95<br>(g)(1),<br>(g)(2) and<br>(g)(4) | Phase 1 | Guidance Updates |
| <input type="checkbox"/> Nurse aide training on areas of weakness determined by performance reviews and the facility assessment   | §483.95(g)(3)                              | Phase 3 | Guidance Updates |

### Notifications & Resident Rights

CMS requires new information be included in various notifications to residents (and/or resident representatives) at various times throughout the resident’s stay. This list only includes notifications that are NEW or MODIFIED and does not include existing notifications that did not change.

| Resident Notifications & Resident Rights  | Regulatory Section | Phase (Date Enforced) | Notes on Phase-In |
|---|--------------------|-----------------------|-------------------|
| 1. Have you updated required notification information to be included at time of.....? |                    |                       |                   |

| <b>Resident Notifications &amp; Resident Rights</b>                                     | <b>Regulatory Section</b> | <b>Phase (Date Enforced)</b> | <b>Notes on Phase-In</b> |
|---|---------------------------|------------------------------|--------------------------|
| <input type="checkbox"/> Admission  | §483.15(a)                | Phase 1                      |                          |
| <input type="checkbox"/> Before Transfer or Discharge                                   | §483.15(c)3, 4, 5 & 6     | Phase 1                      | Guidance Updates         |
| <input type="checkbox"/> Orientation about Discharge or Transfer                        | §483.15(c)7               | Phase 1                      |                          |
| <input type="checkbox"/> Resident Rights (including how to file grievance or complaint) | §483.10(j)3               | Phase 1                      |                          |
| <input type="checkbox"/> Participating and updating Care planning process               | §483.21(b)1(iv) & 2(i)(e) | Phase 1                      |                          |
| <input type="checkbox"/> Participating and updating Discharge plan                      | §483.21(c)1(v)            | Phase 1                      |                          |
| 2. Have you updated required notification information about.....?                       |                           |                              |                          |
| <input type="checkbox"/> Baseline Care plan developed within 48 hours of admission      | §483.21(a)3               | Phase 2                      |                          |
| <input type="checkbox"/> Bed hold policy  | §483.15(d)                | Phase 1                      |                          |

|   |                                    |                              |                          |
|---|------------------------------------|------------------------------|--------------------------|
| <input type="checkbox"/> Facility charges   | §483.10(f) -10, 11 & 17            | Phase 1                      |                          |
| <input type="checkbox"/> Choosing their physician   | §483.10(d)(4)                      | Phase 1                      |                          |
| <input type="checkbox"/> Signing of care plan   | §483.10(c)(2)(v)                   | Phase 1                      |                          |
| <b>Resident Notifications &amp; Resident Rights</b>   | <b>Regulatory Section</b>          | <b>Phase (Date Enforced)</b> | <b>Notes on Phase-In</b> |
| <input type="checkbox"/> Significant change in mental health – notify State Mental Health authority | §483.20(k)4                        | Phase 1                      |                          |
| <input type="checkbox"/> Abnormal lab or radiology results to the clinician                         | §483.50(a)2(ii)<br>§483.50(b)2(ii) | Phase 1                      |                          |

### Resident Care Plan & Discharge Plan

CMS requires changes to the resident care plan. This section highlights some of those changes. For details review section §483.21 of the RoPs.

| <b>Resident Care Plan &amp; Discharge Plan</b>   | <b>Regulatory Section</b> | <b>Phase (Date Enforced)</b> | <b>Notes on Phase-In</b> |
|--|---------------------------|------------------------------|--------------------------|
| 1. Have you created a <b><u>Baseline Care Plan</u></b> to be developed within 48 hours of admission? |                           |                              |                          |

|  |                           |                              |                          |
|--|---------------------------|------------------------------|--------------------------|
| <input type="checkbox"/> Does it include the resident’s goals?   | §483.21(a)1(ii)           | Phase 2                      |                          |
| <input type="checkbox"/> Does it include all of the required orders (physician, dietary, therapy, social services and PASARR recommendations)?               | §483.21(a)1(ii)           | Phase 2                      |                          |
| 2. Have you <u>updated</u> the format of your <b>Resident Care Plan</b> to incorporate resident-centered information and discharge plan?                     |                           |                              |                          |
| <input type="checkbox"/> Have you update the resident assessment to incorporate person-centered?   | §483.21(b)1               | Phase 1                      |                          |
| <b>Resident Care Plan &amp; Discharge Plan</b>   | <b>Regulatory Section</b> | <b>Phase (Date Enforced)</b> | <b>Notes on Phase-In</b> |
| <input type="checkbox"/> Have you incorporated resident-centered goals and wishes about their care, activities, and lifestyle into the resident’s care plan? | §483.21(b)1(iv)           | Phase 1                      |                          |
| <input type="checkbox"/> Have you included resident’s preferences for future discharge?  | §483.21(b)1(iv)           | Phase 1                      |                          |
| <input type="checkbox"/> Have you added new staff to the interdisciplinary team signing off on care plan?  | §483.21(b)2(ii)           | Phase 1                      |                          |
| <input type="checkbox"/> Are the services in the care plan culturally competent?   | §483.21(b)3(iii)          | Phase 1                      | Guidance Updates         |

|   |                  |         |                  |
|---|------------------|---------|------------------|
| <input type="checkbox"/> Have you incorporated trauma-informed care into the care plan?                                     | §483.21(b)3(iii) | Phase 3 | Guidance Updates |
| 3. Have you added a <b><u>Discharge Plan</u></b> as part of the resident’s care plan?                                       |                  |         |                  |
| <input type="checkbox"/> Does your Discharge Plan contain all the information required in a plan?                           | §483.21(c)       | Phase 1 |                  |
| <input type="checkbox"/> Have you incorporated resident discharge goals and wishes into the resident’s care plan?           | §483.21(c)1(vi)  | Phase 1 |                  |
| <input type="checkbox"/> Have you involved the interdisciplinary team in developing and signing off on discharge care plan? | §483.21(c)1(v)   | Phase 1 |                  |
| <input type="checkbox"/> Have you shared the discharge plan with the resident and their representative?                     | §483.21(c)1(v)   | Phase 1 |                  |

### Processes, Systems & Assessments

CMS specifies throughout the new RoP that centers should conduct assessments, monitor systems, and collect data. This section highlights some of those requirements but will be added to over time as more are defined by CMS in SOM, S&C memos, etc.

| <b>Processes, Systems &amp; Assessments</b>  | <b>Regulatory Section</b> | <b>Phase (Date Enforced)</b> | <b>Notes on Phase-In</b> |
|--|---------------------------|------------------------------|--------------------------|
| 1. Have you created systems to collect data, track performance, and assess the facility? |                           |                              |                          |

|  |                           |                              |                          |
|--|---------------------------|------------------------------|--------------------------|
| <input type="checkbox"/> Have you created a grievance process?   | §483.10                   | Phase 1                      |                          |
| <input type="checkbox"/> Have you created a system for the accounting of each resident's personal funds?   | §483.10                   | Phase 1                      |                          |
| <input type="checkbox"/> Have you created a discharge planning process?  | §483.21                   | Phase 1                      |                          |
| <input type="checkbox"/> Have you developed a monthly drug regimen review process?   | §483.45                   | Phase 1                      |                          |
| <input type="checkbox"/> Have you created a facility wide assessment?  | §483.70                   | Phase 2                      |                          |
| <input type="checkbox"/> Have you created a system to track, report, identify and prevent adverse events?  | §483.75                   | Phase 3                      | Guidance Updates         |
| <input type="checkbox"/> Have you created a system to obtain feedback from staff, residents and families?  | §483.75                   | Phase 3                      | Guidance Updates         |
| <input type="checkbox"/> Have you created a system to collect data from all departments, including the establishment and monitoring of performance indicators? | §483.75                   | Phase 3                      | Guidance Updates         |
| <b>Processes, Systems &amp; Assessments</b>  | <b>Regulatory Section</b> | <b>Phase (Date Enforced)</b> | <b>Notes on Phase-In</b> |



|  |         |         |                  |
|--|---------|---------|------------------|
| <input type="checkbox"/> Have you developed a system to prevent, identify, report, investigate, and control infections and communicable diseases for residents, staff, etc.? | §483.80 | Phase 2 | Guidance Updates |
| <input type="checkbox"/> Have you developed a system to monitor antibiotic use?  | §483.80 | Phase 2 | Guidance Updates |
| <input type="checkbox"/> Have you developed a system to detect ethical and compliance violations and allow staff to report incidents?  | §483.85 | Phase 3 | Guidance Updates |
| <input type="checkbox"/> Have you created a process to ensure the integrity of reported data?  | §483.85 | Phase 3 | Guidance Updates |
| <input type="checkbox"/> Have you developed a system that allows residents to call staff directly for assistance?  | §483.90 | Phase 3 | Guidance Updates |

**Physical environment**

CMS is requiring all Medicare and Medicaid certified nursing centers that are constructed, re-constructed, or newly certified after the effective date of November 28, 2016 to accommodate no more than two residents in a bedroom. CMS is also requiring centers that are constructed, or newly certified after the effective date of this regulation to have a bathroom equipped with at least a commode and sink in each room.

| <b>Physical Environment</b>                                | <b>Regulatory Section</b> | <b>Phase (Date Enforced)</b> | <b>Notes on Phase-In</b> |
|--|---------------------------|------------------------------|--------------------------|
| 1. Have you addressed the changes to physical environment? |                           |                              |                          |

| <b>Physical Environment</b>  | <b>Regulatory Section</b> | <b>Phase (Date Enforced)</b> | <b>Notes on Phase-In</b>   |
|--|---------------------------|------------------------------|--|
| <input type="checkbox"/> Have you conducted a regular inspection of all bed frames, mattresses, and bed rails as part of a regular maintenance program to identify areas of possible entrapment? | §483.90(d)(3)             | Phase 1                      |  |
| <input type="checkbox"/> Have you checked construction and reconstruction plans to ensure that bedrooms accommodate no more than two residents?  | §483.90(e)1(i)            | Phase 1                      | Only applies to facilities that receive approval of construction or reconstruction or a newly certified after November 28, 2016. |
| <input type="checkbox"/> Have you checked that the resident has a separate bed of proper size and height for the safety and convenience of the resident?   | §483.90(e)(2)(i)          | Phase 1                      |  |
| <input type="checkbox"/> Have you checked that each resident room has its own bathroom equipped with at least a commode and sink?  | §483.90(f)                | Phase 1                      | Only applies to facilities that receive approval of construction or reconstruction or a newly certified after November 28, 2016. |

|  |                           |                              |                          |
|--|---------------------------|------------------------------|--------------------------|
| <input type="checkbox"/> Is the center adequately equipped to allow residents to call for staff assistance through a communication system from each resident’s bedside?  | §483.90(g)(1)             | Phase 3                      | Guidance Updates         |
| <b>Physical Environment</b>  | <b>Regulatory Section</b> | <b>Phase (Date Enforced)</b> | <b>Notes on Phase-In</b> |
| <input type="checkbox"/> Have you established smoking areas that takes into account nonsmoking residents and complies with applicable Federal, State, and local laws and regulations regarding smoking, smoking areas, and smoking safety? | §483.90(h)(5)             | Phase 2                      |                          |

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This tip sheet has not been approved by the Centers for Medicare & Medicaid Services (CMS) or any other federal or state agency. This document is not intended as legal or operational advice and should not be used as or relied upon as legal or operational advice. It is for general informational purposes only in light of the modified requirements of participation found at 42 C.F.R. § 483.1 *et seq.* and may not be substituted for legal or operational advice. Specific legal and operational advice is crucial when ensuring compliance with the requirements of participation found at 42 C.F.R. § 483.1 *et seq.* ALWAYS SEEK THE ADVICE OF KNOWLEDGEABLE COUNSEL TO PROVIDE ADVICE THAT IS TAILORED TO THE ACTUAL FACTS AND CIRCUMSTANCES AND TAKES INTO ACCOUNT ALL RELEVANT LAW.