

## Tool: Checklist on All REQUIRED Policies & Procedures

### CMS LTCF RoP Policies & Procedures Detailed Checklist

This Tool provides a list of required Policies and Procedures and a checklist of required information in the P&P. It is divided into two sections (1. Policies and/or procedures previously required by one of the Phases of implementation of the RoP and 2. Policies that may require changes as a result of the updated and new RoP interpretive guidance CMS released on June 29, 2022).

If your center does not include these required P&Ps and the specified elements, you may be cited with an F-tag for not having a required P&P. This is different from being cited for not following the requirements or not following your own P&P.

It is intended to give centers a tool to identify the policies & procedures that are explicitly stated in the requirements, so centers can know where to focus their efforts on meeting the requirements for policies and procedure in the RoP. It does not describe all of the requirements the facility must do or not due related to each policy, just the explicit content required in the P&P as stated in the RoPs. Also, it does not describe either the implicit changes that may need to be included in the P&P or other information many centers may want to add to their P&P. In other words, this document does not provide every action or task or step a center must take to comply with the requirements, just the information needed to be in the required P&Ps.

The RoP was implemented in a 3-year phased-in approach.

- Phase 1: November 28, 2016
- Phase 2: November 28, 2017
- **Phase 3: November 28, 2019**

*Note\* Green Highlighted and Italicized text denotes*

***Updated or new areas of interpretive guidance that should be considered:***

***Expected compliance is October 24, 2022.***

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**Policies and/or procedures previously required by Phase 1, 2, or 3 of the RoP**

<b>Policies &amp; Procedures</b>	<b>FR Section</b>	<b>Phase (Enforced)</b>
<p><b>Grievance policy</b> Facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents’ rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;</li> <li><input type="checkbox"/> Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident</li> <li><input type="checkbox"/> for those grievances submitted anonymously; issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;</li> <li><input type="checkbox"/> As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;</li> <li><input type="checkbox"/> Consistent with § 483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</li> </ul>	<p>§483.10(j)(4)</p>	<p>Phase 1</p>

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<ul style="list-style-type: none"> <li><input type="checkbox"/> Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident’s grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident’s concern(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</li> <li><input type="checkbox"/> Taking appropriate corrective action in accordance with State law if the alleged violation of the residents’ rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation of any of these residents’ rights within its area of responsibility; and</li> <li><input type="checkbox"/> Maintaining evidence demonstrating the results of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</li> </ul>		
<p><b>Loss or damage of dentures</b> Facility must have a policy identifying</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Those circumstances when the loss or damage of dentures is the facility’s responsibility.</li> <li><input type="checkbox"/> Facility may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility’s responsibility.</li> </ul> <p><i>Note: The RoP does not require facilities to have a policy about dental services, but it does outline the types of dental services and actions the facility must take to provide dental services and care for dentures (see §483.55).</i></p>	§483.55(a)(3)	Phase 2
<p><b>Use &amp; storage of foods brought to residents by family/others</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Facility must have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.</li> </ul>	§483.60(i)(3)	Phase 1

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<p><i>Note: The RoP does not require facilities to have a policy about food and nutrition services, but it does specify requirements the facility must meet with respect to staff positions involved in food service, food safety, menus, food, and drinks as well as resident choices about food. (see §483.60).</i></p>		
<p><b>Notifying clinicians</b> Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory (or radiology and other diagnostic services) results that fall outside of clinical reference ranges in accordance with facility <b>policies and procedures</b> for notification of a practitioner or per the ordering physician’s orders.</p> <p><i>Note: The RoP does not specify any content for the P&amp;P on notification of physicians only that the facility must develop clinical reference ranges for laboratory, radiology and other diagnostic services for when a physician must be notified if not specified in the physician’s orders.</i></p>	<p>§483.50(a)2(ii) &amp; §483.50(b)2(ii)</p>	<p>Phase 1</p>
<p><b>Monthly drug regimen review</b> The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.</p>	<p>§483.45(c)(5)</p>	<p>Phase 1 Phase 2 for:(c)(2) chart review &amp; (e) Psychotropic drugs</p>

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<p><b>Advance directives</b></p> <p>The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). These requirements include a written description of the facility’s policies to implement advance directives and applicable State law.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident’s option, formulate an advance directive.</li> <li><input type="checkbox"/> This includes a written description of the facility’s policies to implement advance directives and applicable State law. <ul style="list-style-type: none"> <li>○ Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.</li> </ul> </li> <li><input type="checkbox"/> If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual’s resident representative in accordance with State law.</li> <li><input type="checkbox"/> The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. <ul style="list-style-type: none"> <li>○ Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</li> </ul> </li> </ul>	<p>§483.10(g)(12)</p>	<p>Phase 1</p>
<p><b>Admission &amp; Discharge – equal access to quality of care</b></p> <p>A facility must establish, maintain, and implement <b>identical policies and practices</b> regarding transfer and discharge, as defined in §483.5 and the provision of services for all individuals regardless of source of payment, consistent with § 483.10(a)(2); (2) The facility may charge any amount for services furnished to non-Medicaid residents unless otherwise limited by state law and consistent with the notice requirement in § 483.10(g)(3) and (g)(4)(i) describing the charges.</p>	<p>483.15 (b)</p>	<p>Phase I</p>

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<p><i>§483.5 Definition <b>Transfer and Discharge</b>: “Transfer and discharge includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.”</i></p> <p><i>Note: This section does not appear to require a policy and procedure on how transfers or discharges are done; just that a facility needs a policy saying it will not transfer or discharge someone due to their source of payment. However, CMS has not provided interpretive guidance for this section yet. This section 483.15 does outline many new requirements about how a facility must conduct and document transfers and discharges.</i></p> <p>If a Center is to develop a more comprehensive Admission policy, it needs to make sure it does not include language that violates many of the new resident rights (483.10), admission and discharge requirements (483.15) and facility requirements (483.70(n))</p>		
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<p><b>Room Changes</b></p> <p>A facility that is a composite distinct part (as defined in 483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the <b>policies that apply to room changes</b> between its different locations under 483.15(c)(9).</p> <p><input type="checkbox"/> 483.15(c)(9) states that room changes in a facility that is a composite distinct part (as defined in 483.5 – see below) are subject to the requirements of 483.10(e)(7) and must be limited to moves within the particular building in which the resident resides unless the resident voluntarily agrees to move to another of the composite distinct part’s locations.</p> <p><i>§483.5 Definition <b>Transfer and Discharge</b>: “Transfer and discharge includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.”</i></p> <p><input type="checkbox"/> 483.10(e)(7). The resident has the right to refuse to transfer to another room in the facility, if the purpose of the transfer is:</p> <ul style="list-style-type: none"> <li>○ To relocate a resident of a SNF from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF, or</li> <li>○ to relocate a resident of a NF from the distinct part of the institution that is a NF to a distinct part of the institution that is a SNF.</li> <li>○ Solely for the convenience of staff.</li> </ul>	<p>§483.10(g)(15)</p>	<p>Phase 1</p>
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<p><b>Admissions Policy</b></p> <p>The facility must establish and implement an admissions policy. Note: The RoP does not specify what must be in the admission policy; however, the RoPs state what can <b>NOT</b> be in the admission policy.</p> <p>The admission policy must</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Not</b> request or require residents or potential residents to waive their rights as set forth in this subpart and in applicable state, federal or local licensing or certification laws, including but not limited to their rights to Medicare or Medicaid; and             <ul style="list-style-type: none"> <li>○ (ii) Not request or require oral or written assurance that residents or will not apply for, Medicare or Medicaid benefits.</li> <li>○ (iii) Not request or require residents or potential residents to waive potential facility liability for losses of personal property</li> </ul> </li> <li><input type="checkbox"/> The facility must <b>not</b> request or require a third-party guarantee of payment to the facility as a condition of admission or expedited admission or continued stay in the facility. However, the facility may request and require a resident representative who has legal access to a resident’s income or resources available to pay for facility care to sign a contract, without incurring personal financial liability, to provide facility payment from the resident’s income or resources</li> </ul>	<p>§483.15(a) &amp; 483.70(n)</p>	<p>Phase 1</p>
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<ul style="list-style-type: none"> <li><input type="checkbox"/> In the case of a person eligible for Medicaid, a nursing facility must <b>not</b> charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under the State plan, any gift, money, donation, or other consideration as a precondition of admission, expedited admission or continued stay in the facility. However, —             <ul style="list-style-type: none"> <li>○ A nursing facility may charge a resident who is eligible for Medicaid for items and services the resident has requested and received, and that are not specified in the State plan as included in the term “nursing facility services” so long as the facility gives proper notice of the availability and cost of these services to residents and does not condition the resident’s admission or continued stay on the request for and receipt of such additional services; and</li> <li>○ A nursing facility may solicit, accept, or receive a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to a Medicaid eligible resident or potential resident, but only to the extent that the contribution is not a condition of admission, expedited admission, or continued stay in the facility for a Medicaid eligible resident.</li> </ul> </li> <li><input type="checkbox"/> States or political subdivisions may apply stricter admissions standards under State or local laws than are specified in this section, to prohibit discrimination against individuals entitled to Medicaid.</li> <li><input type="checkbox"/> A nursing facility must disclose and provide to a resident or potential resident prior to time of admission, notice of special characteristics or service limitations of the facility.</li> <li><input type="checkbox"/> A nursing facility that is a composite distinct part as defined in § 483.5 must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under paragraph (b)(10) of this section.</li> <li><input type="checkbox"/> <i>Binding arbitration agreements.</i> (1) A facility must <b>not</b> enter into a pre-dispute agreement for binding arbitration with any resident or resident’s representative nor require that a resident sign an arbitration agreement as a condition of admission to the LTC facility.</li> </ul>		
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<p><b>Influenza and pneumococcal immunizations</b> The facility must develop policies and procedures for <b>BOTH</b> influenza and pneumococcal immunizations to ensure that</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Before offering the immunizations, each resident or the resident’s representative receives education regarding the benefits and potential side effects of the immunizations;</li> <li><input type="checkbox"/> Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated, or the resident has already been immunized during this time period;</li> <li><input type="checkbox"/> Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated, or the resident has already been immunized;</li> <li><input type="checkbox"/> The resident or the <u>resident’s representative</u> has the opportunity to refuse the immunizations; and</li> <li><input type="checkbox"/> The resident’s medical record includes documentation that indicates, at a minimum,             <ul style="list-style-type: none"> <li>○ That the resident or resident’s representative was provided education regarding the benefits and potential side effects of influenza and pneumococcal immunizations; and</li> <li>○ That the resident either received the influenza and pneumococcal immunizations or did not receive them due to medical contraindications or refusal.</li> </ul> </li> </ul>	<p>§483.80(d)(1) and (d)(2)</p>	<p>Phase 1</p>
<p><b>Disaster and Emergency Preparedness</b> Centers must develop and implement emergency preparedness policies and procedures, based on the emergency plan, risk assessment and the communication plan. The policies and procedures must be reviewed and updated at least annually.</p> <p><i>Note: This requirement was in the old RoP as 483.75(m) but has been removed from the new RoP. It is still required but has been modified. It is now covered in the new emergency preparedness regulations, which should also be reviewed to make sure all requirements are included in the Center’s policy.</i></p>	<p>§483.73(b)</p>	<p>November 15, 2017</p>

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<ul style="list-style-type: none"> <li><input type="checkbox"/> Do the center’s policies and procedures include the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or federally designated health care professionals to address surge needs during an emergency?</li> <li><input type="checkbox"/> Has the center developed arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services?</li> <li><input type="checkbox"/> Does the center address its role under an 1135 waiver in the provision of care and treatment at an alternate care site identified by emergency management officials?</li> <li><input type="checkbox"/> Does the center have a provision of subsistence needs for staff and residents whether they evacuate or shelter in place? Including but not limited to the following:             <ul style="list-style-type: none"> <li>○ (i) Food, water, medical, and pharmaceutical supplies.</li> <li>○ (ii) Alternate sources of energy to maintain—                 <ul style="list-style-type: none"> <li>▪ (A) Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions;</li> <li>▪ (B) Emergency lighting;</li> <li>▪ (C) Fire detection, extinguishing, and alarm systems;</li> <li>▪ (D) Sewage and waste disposal.</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Does the center have a system to track the location of on-duty staff and sheltered residents in the LTC center’s care during and after an emergency?</li> <li><input type="checkbox"/> If on-duty staff and sheltered residents are relocated during the emergency, the center must document the specific name and location of the receiving facility or other location.  Does the center have a safe evacuation policy and procedure from the center that includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance?</li> <li><input type="checkbox"/> Does the center have a means to shelter in place for residents, staff and volunteers who remain in the center?</li> <li><input type="checkbox"/> Does the center have a system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains the availability of records?</li> </ul>		
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## Policies that may require changes as a result of the updated and/or new RoP interpretive guidance

Policies & Procedures	FR Section	Phase (Enforced)
<p><b>Visitation rights of residents</b></p> <p>The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation.</p> <p>483.10(f)(4) <i>self-determination</i> section outlines the visitation rights of residents that nursing centers must promote and facilitate and the requirements centers must meet in informing residents of these rights and ensuring rights are not restricted, limited, or otherwise denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability, which include the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The resident has the right to interact with members of the community and participate in community activities both inside and outside the facility.</li> <li><input type="checkbox"/> The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident’s right to deny visitation when applicable, in a manner that does not impose on the rights of another resident.</li> <li><input type="checkbox"/> The facility must provide immediate access to any resident by— <ul style="list-style-type: none"> <li>(A) Any representative of the Secretary,</li> <li>(B) Any representative of the State,</li> <li>(C) Any representative of the Office of the State long term care ombudsman, (established under section 712 of the Older Americans Act of 1965, as amended 2016 (42 U.S.C. 3001 <i>et seq.</i>),</li> <li>(D) The resident’s individual physician,</li> </ul> </li> </ul>	<p>§483.10(f)(v)</p>	<p>Phase 1</p>

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<p>(E) Any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 <i>et seq.</i>),</p> <p>(F) Any representative of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000 (42 U.S.C. 10801 <i>et seq.</i>), and</p> <p>(G) The resident representative.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident’s right to deny or withdraw consent at any time;</li> <li><input type="checkbox"/> The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident’s right to deny or withdraw consent at any time;</li> <li><input type="checkbox"/> The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident’s right to deny or withdraw consent at any time; and</li> <li><input type="checkbox"/> Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.             <ul style="list-style-type: none"> <li>o The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated.</li> </ul> </li> <li><input type="checkbox"/> Ensure that all visitors enjoy full and equal visitation privileges consistent with resident preferences.</li> <li><input type="checkbox"/> Also refer to infection control contact isolation policy with respect to any restrictions on visitors during infectious disease outbreaks or the resident’s medical condition warrants such restrictions.</li> <li><input type="checkbox"/> Consider visitation practices during a communicable disease outbreak.</li> </ul>		
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<p><b>Smoking</b>          Facility must establish <u>policies</u>, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account non-smoking residents.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Oversee the use of electronic cigarettes and provide supervision to maintain an accident-free environment.</li> <li><input type="checkbox"/> If a facility changes its policy to prohibit smoking (including electronic cigarettes), it should address and allow current residents who smoke to continue smoking. Residents admitted after the facility changes its policy must be informed of this policy at admission.</li> <li><input type="checkbox"/> Develop/Implement policies for safe use of e-cigarettes to include where the e-cigarettes can be used and how to handle the devices, batteries, and refill cartridges.</li> </ul>	<p>§483.90(i)(5)</p>	<p>Phase 2</p>
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<p><b>Infection Prevention and Control Program</b></p> <p>Facility’s infection prevention and control program must include written standards, <b><u>policies, and procedures</u></b> for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li><input type="checkbox"/> When and to whom possible incidents of communicable disease or infections should be reported;</li> <li><input type="checkbox"/> Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li><input type="checkbox"/> When and how isolation should be used for a resident; including but not limited to:             <ul style="list-style-type: none"> <li>○ The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>○ A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li><input type="checkbox"/> The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</li> <li><input type="checkbox"/> The hand hygiene procedures to be followed by staff involved in direct resident contact.</li> <li><input type="checkbox"/> Define standard precautions to prevent the spread of infection and explain their application during resident care activities;             <ul style="list-style-type: none"> <li>○ Define transmission-based precautions and explain how and when they should be utilized, including but not limited to, the type and duration of precautions for infections or organisms involved and that the precautions should be the least restrictive possible for the resident given the circumstances and the resident’s ability to follow the precautions</li> </ul> </li> </ul>	<p>§483.80(a)(2)</p>	<p>Phase 1</p>
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<p><b>Compliance and Ethics</b>  <i>The operating organization for each facility must develop, implement, and maintain an effective compliance and ethics program that contains, among other elements, established written compliance and ethics standards, <b>policies, and procedures</b> to follow that are reasonably capable of reducing the prospect of criminal, civil, and administrative violations under the Act and promote quality of care, which include, but are not limited to</i></p> <p><input type="checkbox"/> The designation of an appropriate compliance and ethics program contact to which individuals may report suspected violations, as well as an alternate method of reporting suspected violations anonymously without fear of retribution; and</p> <p>Disciplinary standards that set out the consequences for committing violations for the operating organization’s entire staff; individuals providing services under a contractual arrangement; and volunteers, consistent with the volunteers’ expected roles.</p>	<p>§483.85(c)(1)</p>	<p><b>Phase 3</b></p>
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<p><b>QAPI feedback, data collection, and monitoring</b>          Facility must establish and implement written <u>policies and procedures</u> for feedback, data collection systems, and monitoring, including adverse events monitoring. The policies and procedures must include, at a minimum, the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.</li> <li><input type="checkbox"/> Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at § 483.70(e) and including how such information will be used to develop and monitor performance indicators.</li> <li><input type="checkbox"/> Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.</li> <li><input type="checkbox"/> Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze, and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.</li> </ul>	<p>§483.75(c)</p>	<p><b>Phase 3</b></p>
<p><b>QAPI systematic approach for quality improvement</b>          The facility will develop and implement policies addressing</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> How they will use a systematic approach to determine underlying causes of problems impacting larger systems;</li> <li><input type="checkbox"/> How they will develop corrective action that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and</li> <li><input type="checkbox"/> How the facility will monitor the effectiveness of its performance improvement activities to ensure improvements are sustained.</li> </ul> <p>Must develop and implement written policies and procedures that:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Enable the facility to systematically identify and investigate for medical errors and adverse events, including how the facility will analyze and use data relating to errors/events to develop activities to prevent future occurrences.</li> </ul>	<p>§483.75(d)(2)</p>	<p><b>Phase 3</b></p>

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<p><b>Bed hold policy &amp; return</b></p> <p>Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Applies to all residents regardless of payment source.</b> The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility.</li> <li><input type="checkbox"/> The reserve bed payment policy in the state plan, under 447.40.</li> <li><input type="checkbox"/> The nursing facility’s policies regarding bed-hold periods, which must be consistent with paragraph (c)(3) [AKA notice of bed transfer] of this section, permitting a resident to return.             <ul style="list-style-type: none"> <li>○ Section (c)(3) [Notice before transfer] specifies the facility must:                 <ul style="list-style-type: none"> <li>○ Notify the resident and the resident’s representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</li> <li>○ Record the reasons for the transfer or discharge in the resident’s medical record in accordance with paragraph (c)(2) of this section (note: (c)(2) specifies the reasons and documentation for the reasons of the transfer by a physician); and</li> <li>○ Include in the notice the items described in paragraph (c)(5) of this section.</li> </ul> </li> </ul> </li> </ul> <p><b>Must also provide that if the facility determines that a resident cannot return, the facility must comply with the requirements of paragraph at 42 CFR 483.15(c) as they apply to facility-initiated discharges.</b></p>	<p>§483.15(d)(iii)</p>	<p>Phase 1</p>
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**Tool:**  
**Checklist on All REQUIRED Policies & Procedures**



<p><b>Abuse, neglect, and exploitation of residents &amp; property</b></p> <p>The facility must develop and implement written policies and procedures that</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property;</li> <li><input type="checkbox"/> Develop/Implement policies and procedures related to screening procedures prior to employment</li> <li><input type="checkbox"/> Establish policies and procedures to investigate any such allegations;</li> <li><input type="checkbox"/> Include training as required under 483.95 (see below)</li> <li><input type="checkbox"/> Establish coordination with the QAPI program required under 483.75;</li> <li><input type="checkbox"/> Ensure <b>reporting of crimes</b> occurring in federally funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the elements outlined in 483.12(b)(i)-(iii)             <ul style="list-style-type: none"> <li>o Annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual’s obligation to comply with the following reporting requirements.                 <ul style="list-style-type: none"> <li>(A) Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.</li> <li>(B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.</li> </ul> </li> </ul> </li> </ul>	<p>§483.12(b)</p>	<p>Phase 1            Except reporting of crime – Phase 2</p>
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# Tool: Checklist on All REQUIRED Policies & Procedures

<ul style="list-style-type: none"> <li>• Polices &amp; procedures should include:             <ul style="list-style-type: none"> <li>○ Identification of who are the covered individuals in the facility;</li> <li>○ How covered individuals are notified of reporting requirements;</li> <li>○ Timeframe requirements for reporting reasonable suspicion of crimes;</li> <li>○ Penalties associated with failure to report</li> <li>○ The mechanism for documenting that all covered individuals have been notified annually of their reporting obligations</li> </ul> </li> <li>○ (ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</li> <li>○ (iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</li> <li>□ Ensure the reporting of a reasonable suspicion of a crime by implementing proper policies and procedures addressing the following actions, which should include, but are not limited to:             <ul style="list-style-type: none"> <li>○ Orienting new and temporary/agency/contractor staff to the reporting requirements;</li> <li>○ Assuring that covered individuals are annually notified of their responsibilities in a language that they understand;</li> <li>○ Identifying barriers to reporting such as fear of retaliation or causing trouble for someone, and implementing interventions to remove barriers and promote a culture of transparency and reporting;</li> <li>○ Identifying which cases of abuse, neglect, and exploitation may rise to the level of a reasonable suspicion of crime and recognizing the physical and psychosocial indicators of abuse/neglect/exploitation;</li> <li>○ Working with law enforcement annually to determine which crimes are reported;</li> <li>○ Assuring that covered individuals can identify what is reportable as a reasonable suspicion of a crime, with competency testing or knowledge checks;</li> <li>○ Providing in-service training when covered individuals indicate that they do not understand their reporting responsibilities; and</li> <li>○ Providing periodic drills across all levels of staff across all shifts to assure that covered individuals understand the reporting requirements.</li> </ul> </li> </ul>		
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**Tool:**  
**Checklist on All REQUIRED Policies & Procedures**



<p><b>Reporting of crime (this is part of prior P&amp;P)</b></p> <p><input type="checkbox"/> Ensure <b>reporting of crimes</b> occurring in federally funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the elements outlined in 483.12(b)(i)-(iii)</p> <ul style="list-style-type: none"> <li>○ Annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual’s obligation to comply with the following reporting requirements. <ul style="list-style-type: none"> <li>(A) Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.</li> <li>(B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.</li> </ul> </li> <li>○ (ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</li> <li>○ (iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</li> </ul>	<p>§483.12(b)(5)</p>	<p>Phase 2</p>
<p><b>Parenteral Fluids</b></p> <p><i>Note: It is not clear in the regulation if the facility is required to have a policy that outlines the frequency of assessment of IV catheters; however, the guidance indicates the frequency may depend upon: Facility policy based on long-term care pharmacy IC policies and procedures.</i></p> <p><input type="checkbox"/> Documentation for continued need for the IV catheter if no longer being used for IV fluid or medication.</p>	<p>483.25(h)</p>	<p>Phase 2</p>

**Tool:**  
**Checklist on All REQUIRED Policies & Procedures**



<p><b>Pain Management</b></p> <p><input type="checkbox"/> Facilities should have a written policy to address opioid overdoses.</p>	483.25(k)	Phase 2
<p><b>Binding Arbitration Agreements</b></p> <p><i>Note: It is not clear in the regulation if the facility is required to have a policy that outlines the length of retention of the signed binding arbitration agreements and the final dispute documentation; however, the guidance indicates this may be requested upon staff interview when determining compliance.</i></p>	483.70 (n)	Phase 3
<p><b>Permitting Resident to Return to Facility</b></p> <p>Facility must establish and follow a written <b>policy on permitting</b> residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following:</p> <p><input type="checkbox"/> A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan,</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semiprivate room if the resident;</li> <li><input type="checkbox"/> Requires the services provided by the facility; and</li> <li><input type="checkbox"/> Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.</li> </ul> <p><input type="checkbox"/> If the facility that determines that a resident who was transferred with an expectation of returning to the facility cannot return to the facility, the facility must comply with the requirements of paragraph</p> <p><input type="checkbox"/> (c) as they apply to discharges.</p>	§483.15(e)(1)	Phase 1