

Federal Regulatory Groups for Long Term Care

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|---------------|---|---------------|--|---------------|--|
| F540 | Definitions | 483.12 | Freedom from Abuse, Neglect, and Exploitation | 483.24 | Quality of Life |
| 483.10 | Resident Rights | F600 | *Free from Abuse and Neglect | F675 | *Quality of Life |
| F550 | *Resident Rights/Exercise of Rights | F602 | *Free from Misappropriation/Exploitation | F676 | *Activities of Daily Living (ADLs)/ Maintain Abilities |
| F551 | Rights Exercised by Representative | F603 | *Free from Involuntary Seclusion | F677 | *ADL Care Provided for Dependent Residents |
| F552 | Right to be Informed/Make Treatment Decisions | F604 | *Right to be Free from Physical Restraints | F678 | *Cardio-Pulmonary Resuscitation (CPR) |
| F553 | Right to Participate in Planning Care | F605 | *Right to be Free from Chemical Restraints | F679 | *Activities Meet Interest/Needs of Each Resident |
| F554 | Resident Self-Admin Meds-Clinically Appropriate | F606 | *Not Employ/Engage Staff with Adverse Actions | F680 | *Qualifications of Activity Professional |
| F555 | Right to Choose/Be Informed of Attending Physician | F607 | *Develop/Implement Abuse/Neglect, etc. Policies | 483.25 | Quality of Care |
| F557 | Respect, Dignity/Right to have Personal Property | F608 | *Reporting of Reasonable Suspicion of a Crime | F684 | Quality of Care |
| F558 | *Reasonable Accommodations of Needs/Preferences | F609 | *Reporting of Alleged Violations | F685 | *Treatment/Devices to Maintain Hearing/Vision |
| F559 | *Choose/Be Notified of Room/Roommate Change | F610 | *Investigate/Prevent/Correct Alleged Violation | F686 | *Treatment/Svcs to Prevent/Heal Pressure Ulcers |
| F560 | Right to Refuse Certain Transfers | 483.15 | Admission, Transfer, and Discharge | F687 | *Foot Care |
| F561 | *Self Determination | F620 | Admissions Policy | F688 | *Increase/Prevent Decrease in ROM/Mobility |
| F562 | Immediate Access to Resident | F621 | Equal Practices Regardless of Payment Source | F689 | *Free of Accident Hazards/Supervision/Devices |
| F563 | Right to Receive/Deny Visitors | F622 | Transfer and Discharge Requirements | F690 | *Bowel/Bladder Incontinence, Catheter, UTI |
| F564 | Inform of Visitation Rights/Equal Visitation Privileges | F623 | Notice Requirements Before Transfer/Discharge | F691 | *Colostomy, Urostomy, or Ileostomy Care |
| F565 | *Resident/Family Group and Response | F624 | Preparation for Safe/Orderly Transfer/Discharge | F692 | *Nutrition/Hydration Status Maintenance |
| F566 | Right to Perform Facility Services or Refuse | F625 | Notice of Bed Hold Policy Before/Upon Transfer | F693 | *Tube Feeding Management/Restore Eating Skills |
| F567 | Protection/Management of Personal Funds | F626 | Permitting Residents to Return to Facility | F694 | *Parenteral/IV Fluids |
| F568 | Accounting and Records of Personal Funds | 483.20 | Resident Assessments | F695 | *Respiratory/Tracheostomy care and Suctioning |
| F569 | Notice and Conveyance of Personal Funds | F635 | Admission Physician Orders for Immediate Care | F696 | *Prostheses |
| F570 | Surety Bond - Security of Personal Funds | F636 | Comprehensive Assessments & Timing | F697 | *Pain Management |
| F571 | Limitations on Charges to Personal Funds | F637 | Comprehensive Assmt After Significant Change | F698 | *Dialysis |
| F572 | Notice of Rights and Rules | F638 | Quarterly Assessment At Least Every 3 Months | F699 | *{PHASE-3} Trauma Informed Care |
| F573 | Right to Access/Purchase Copies of Records | F639 | Maintain 15 Months of Resident Assessments | F700 | *Bedrails |
| F574 | Required Notices and Contact Information | F640 | Encoding/Transmitting Resident Assessment | 483.30 | Physician Services |
| F575 | Required Postings | F641 | Accuracy of Assessments | F710 | Resident's Care Supervised by a Physician |
| F576 | Right to Forms of Communication with Privacy | F642 | Coordination/Certification of Assessment | F711 | Physician Visits- Review Care/Notes/Order |
| F577 | Right to Survey Results/Advocate Agency Info | F644 | Coordination of PASARR and Assessments | F712 | Physician Visits-Frequency/Timeliness/Alternate NPPs |
| F578 | Request/Refuse/Discontinue Treatment;Formulate Adv Di | F645 | PASARR Screening for MD & ID | F713 | Physician for Emergency Care, Available 24 Hours |
| F579 | Posting/Notice of Medicare/Medicaid on Admission | F646 | MD/ID Significant Change Notification | F714 | Physician Delegation of Tasks to NPP |
| F580 | Notify of Changes (Injury/Decline/Room, Etc.) | 483.21 | Comprehensive Resident Centered Care Plan | F715 | Physician Delegation to Dietitian/Therapist |
| F582 | Medicaid/Medicare Coverage/Liability Notice | F655 | Baseline Care Plan | 483.35 | Nursing Services |
| F583 | Personal Privacy/Confidentiality of Records | F656 | Develop/Implement Comprehensive Care Plan | F725 | Sufficient Nursing Staff |
| F584 | *Safe/Clean/Comfortable/Homelike Environment | F657 | Care Plan Timing and Revision | F726 | Competent Nursing Staff |
| F585 | Grievances | F658 | Services Provided Meet Professional Standards | F727 | RN 8 Hrs/7 days/Wk, Full Time DON |
| F586 | Resident Contact with External Entities | F659 | Qualified Persons | F728 | Facility Hiring and Use of Nurse |
| | | F660 | Discharge Planning Process | F729 | Nurse Aide Registry Verification, Retraining |
| | | F661 | Discharge Summary | F730 | Nurse Aide Perform Review – 12Hr/Year In- service |
| | | | | F731 | Waiver-Licensed Nurses 24Hr/Day and RN Coverage |
| | | | | F732 | Posted Nurse Staffing Information |

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|---------------|--|---------------|--|---------------|---|
| 483.40 | Behavioral Health | F811 | Feeding Asst -Training/Supervision/Resident | 483.90 | Physical Environment |
| F740 | Behavioral Health Services | F812 | Food Procurement, Store/Prepare/Serve - Sanitary | F906 | Emergency Electrical Power System |
| F741 | Sufficient/Competent Staff-Behav Health Needs | F813 | Personal Food Policy | F907 | Space and Equipment |
| F742 | *Treatment/Svc for Mental/Psychosocial Concerns | F814 | Dispose Garbage & Refuse Properly | F908 | Essential Equipment, Safe Operating Condition |
| F743 | *No Pattern of Behavioral Difficulties Unless Unavoidable | 483.65 | Specialized Rehabilitative Services | F909 | Resident Bed |
| F744 | *Treatment /Service for Dementia | F825 | Provide/Obtain Specialized Rehab Services | F910 | Resident Room |
| F745 | *Provision of Medically Related Social Services | F826 | Rehab Services- Physician Order/Qualified Person | F911 | Bedroom Number of Residents |
| 483.45 | Pharmacy Services | 483.70 | Administration | F912 | Bedrooms Measure at Least 80 Square Ft/Resident |
| F755 | Pharmacy Svcs/Procedures/Pharmacist/ Records | F835 | Administration | F913 | Bedrooms Have Direct Access to Exit Corridor |
| F756 | Drug Regimen Review, Report Irregular, Act On | F836 | License/Comply w/Fed/State/Local Law/Prof Std | F914 | Bedrooms Assure Full Visual Privacy |
| F757 | *Drug Regimen is Free From Unnecessary Drugs | F837 | Governing Body | F915 | Resident Room Window |
| F758 | *Free from Unnec Psychotropic Meds/PRN Use | F838 | Facility Assessment | F916 | Resident Room Floor Above Grade |
| F759 | *Free of Medication Error Rate sof 5% or More | F839 | Staff Qualifications | F917 | Resident Room Bed/Furniture/Closet |
| F760 | *Residents Are Free of Significant Med Errors | F840 | Use of Outside Resources | F918 | Bedrooms Equipped/Near Lavatory/Toilet |
| F761 | Label/Store Drugs & Biologicals | F841 | Responsibilities of Medical Director | F919 | Resident Call System |
| 483.50 | Laboratory, Radiology, and Other Diagnostic Services | F842 | Resident Records - Identifiable Information | F920 | Requirements for Dining and Activity Rooms |
| F770 | Laboratory Services | F843 | Transfer Agreement | F921 | Safe/Functional/Sanitary/ Comfortable Environment |
| F771 | Blood Blank and Transfusion Services | F844 | Disclosure of Ownership Requirements | F922 | Procedures to Ensure Water Availability |
| F772 | Lab Services Not Provided On-Site | F845 | Facility closure-Administrator | F923 | Ventilation |
| F773 | Lab Svs Physician Order/Notify of Results | F846 | Facility closure | F924 | Corridors Have Firmly Secured Handrails |
| F774 | Assist with Transport Arrangements to Lab Svcs | F847 | Enter into Binding Arbitration Agreements | F925 | Maintains Effective Pest Control Program |
| F775 | Lab Reports in Record-Lab Name/Address | F848 | Select Arbitrator/Venue, Retention of Agreements | F926 | Smoking Policies |
| F776 | Radiology/Other Diagnostic Services | F849 | Hospice Services | 483.95 | Training Requirements |
| F777 | Radiology/Diag. Svcs Ordered/Notify Results | F850 | *Qualifications of Social Worker >120 Beds | F940 | {PHASE-3} Training Requirements - General |
| F778 | Assist with Transport Arrangements to Radiology | F851 | Payroll Based Journal | F941 | {PHASE-3} Communication Training |
| F779 | X-Ray/Diagnostic Report in Record-Sign/Dated | 483.75 | Quality Assurance and Performance Improvement | F942 | {PHASE-3} Resident's Rights Training |
| 483.55 | Dental Services | F865 | QAPI Program/Plan, Disclosure/Good Faith Attempt | F943 | Abuse, Neglect, and Exploitation Training |
| F790 | Routine/Emergency Dental Services in SNFs | F866 | {PHASE-3} QAPI/QAA Data Collection and Monitoring | F944 | {PHASE-3} QAPI Training |
| F791 | Routine/Emergency Dental Services in NFs | F867 | QAPI/QAA Improvement Activities | F945 | {PHASE-3} Infection Control Training |
| 483.60 | Food and Nutrition Services | F868 | QAA Committee | F946 | {PHASE-3} Compliance and Ethics Training |
| F800 | Provided Diet Meets Needs of Each Resident | 483.80 | Infection Control | F947 | Required In-Service Training for Nurse Aides |
| F801 | Qualified Dietary Staff | F880 | Infection Prevention & Control | F948 | Training for Feeding Assistants |
| F802 | Sufficient Dietary Support Personnel | F881 | Antibiotic Stewardship Program | F949 | {PHASE-3} Behavioral Health Training |
| F803 | Menus Meet Res Needs/Prep in Advance/Followed | F882 | {PHASE-3} Infection Preventionist Qualifications/Role | | |
| F804 | Nutritive Value/Appear, Palatable/Prefer Temp | F883 | *Influenza and Pneumococcal Immunizations | | |
| F805 | Food in Form to Meet Individual Needs | F884 | **Reporting – National Health Safety Network | | |
| F806 | Resident Allergies, Preferences and Substitutes | F885 | **Reporting – Residents, Representatives & Families | | |
| F807 | Drinks Avail to Meet Needs/P references/ Hydration | 483.85 | Compliance and Ethics Program | | |
| F808 | Therapeutic Diet Prescribed by Physician | F895 | {PHASE-3} Compliance and Ethics Program | | |
| F809 | Frequency of Meals/Snacks at Bedtime | | | | |
| F810 | Assistive Devices - Eating Equipment/Utensils | | | | |