



LeadingAge Summary Memo

Phase 1 in the Nursing Home Requirements of Participation (RoP)

10.19.16

The new RoP for Nursing Homes certainly seem overwhelming to many, if not most, of you. The purpose of this memo is to call out, specifically, those items that must be in compliance by November 28, 2016 (Phase 1).

As a general statement, most of the Phase 1 requirements have to do with documentation and policy. At the very least you need to go through your policy and procedure (P&P) manuals and make sure that you have corrected for new definitions and have policies in place for areas that are specifically called out. While the summary below is intended to help you and staff identify areas of specific work, **IT SHOULD NOT REPLACE A CAREFUL READING OF THE ACTUAL REQUIREMENTS.** And a note – every section, except Compliance and Ethics, includes at least **ONE PHASE 1 REQUIREMENT.** You should also refer to the LeadingAge Provider Summary that describes each section and identifies next steps you need to take for compliance.

Phase 1 Requirements:

- 1) **Updated definitions - §483.5.** These need to be incorporated into your P&Ps.
- 2) **Resident Rights - §483.10.** All this language should be incorporated into your P&P manuals. Subsections (g)(4)(ii)-(v) relating to a resident's receipt of certain notices for the facility, are not effective until November 28, 2017 (Phase 2).
- 3) **Freedom from Abuse, Neglect and Exploitation - §483.12.** Is also all Phase 1, with two exceptions – written policies specific to the reporting of crimes in accordance with the Elder Justice Act (Phase 2) and written policies that establish coordination with the QAPI program (Phase 3). Most of these providers are already doing – but you need to make sure your P&P language is consistent with these new requirements.
- 4) **Admission, Transfer, and Discharge Rights - §483.15.** Again this is all Phase 1, with the exception of (c)(2) – Transfer /Discharge Documentation (Phase 2). This is a lot of new terminology that must be consistent in your written policies addressing resident representative, admission policy, admission agreement, transfer and discharge policies,

LOA policy, and communications plans. There is also some specific new language for bed hold requirements and other resident rights issues related to transfers and discharges. Make sure these changes are reflected in your written policies.

This is also the section that bans pre-dispute arbitration, and bans waivers for loss of property; your policies must reflect such.

The LeadingAge Provider Summary has a lengthy table that compares the prior requirements, subsection by subsection, with the new requirements. It is worthwhile to read it item by item as there are likely significant edits and changes you will need to complete to your written policies.

- 5) **Resident Assessment - §483.20.** This is all Phase 1. This includes new language changes and moves the language on care plans and discharge planning to §483.21. Resident assessment must also include the resident's strengths, goals, life history and preferences—not just their needs. There are specific pre-admission screening and resident review (PASRR) requirements for mental health referrals that should be noted.
- 6) **Comprehensive Resident Centered Care Plans - §483.21.** This is a new section and is all included in Phase 1, with the exceptions of the base line care plan requirement (Phase 2) and the inclusion of trauma-informed care (Phase 3). Phase 1 includes the requirement to include specialized services based on the PASRR recommendations; the expansion of the inter-disciplinary team (IDT), and expanded documentation for discharge planning.
- 7) **Quality of Care and Quality of Life - §483.25.** Is also Phase 1, except for the requirements that pertain to trauma-informed care. You must insure you have appropriate personnel to provide basic life support/CPR (you cannot be a no-CPR facility). There may need to be updated P&P related to pain, tube feedings, restraints, bedrails, ADL assistance, and mobility/range of motion (ROM).
- 8) **Physician Services - §483.30.** The entire section is phase 1. It allows attending physicians to delegate to a qualified dietitian writing dietary orders and to a qualified therapist writing therapy orders—to the extent permitted under state law. It is important that your policies clarify the authorizing state law language.
- 9) **Nursing Services - §483.35.** This is all Phase 1, except for that which is linked to the facility assessment to determine sufficient number and competencies for staff (Phase 2). This does include new requirements for documentation of training.
- 10) **Behavioral Health Services - §483.4.** Most of this is Phase 2. However, the requirement that the facility must provide comprehensive assessment and medically related social services is Phase 1.

11) Pharmacy Services - §483.45. The entire section is Phase 1, except the medical chart review (Phase 2) and the expansion of psychotropic drugs and the limit of PRN orders to 14 days (Phase 2). The Phase 1 requirements include the requirement to notify any irregularities to the medical director.

12) Laboratory, Radiology and Other Diagnostic Services §483.50. This section is all Phase 1. Make sure your community has standards for service and timeliness, a process for overseeing and tracking quality and P&Ps that describe abnormal ranges and notification timing policies.

13) Dental Services §483.55. This is all Phase 1, except for the loss and replacement of dentures policy and referral for dental services – which are both Phase 2. You must update P&Ps related to loss of denture and facility responsibility. You must provide for transportation and you must document that the resident can eat and drink while awaiting referral.

14) Food and Nutrition §483.60. Phase 1 requirements:

- Education requirements for newly hired director of food and nutrition services or newly hired dieticians,
- Participation of food services person in IDT,
- Policy requiring menus that reflect cultural and ethnic needs of residents,
- Allowance of physicians to delegate to a registered or licensed dietician the task of prescribing a resident's diet, as allow by state law, and
- Must have a policy regarding use and storage of food brought by families to secure safe and sanitary storage, handling and consumption.

15) Specialized Rehab Services §483.65. Phase 1 – Update written policies to include respiratory therapy to the list of specialized rehabilitation services and include the policy for obtaining these services when the need is identified.

16) Administration §483.70. Phase 1 requirements include updating P&Ps to define that the administrator's reports to be accountable to the governing body, that the governing body is responsible and accountable for quality assurance/performance improvement (QAPI), and there shall be no pre-dispute arbitrations. The portion of this section related to facility assessments is Phase 2, and QAPI implementation is Phase 3.

17) QAPI §483.75. The only immediate action in Phase 1 is the make up the quality assessment and assurance (QAA) committee. Written policies should be updated to reflect new team member requirements. Most of this section is due in Phase 3.

18) Infection Control §483.80. Phase 1 requires updated P&Ps regarding infection control and prevention, policies regarding when and how infection control procedures will be used, policies related to employees with communicable diseases or infections, and policies regarding hand washing and storage and processing of linens. Update policies regarding immunizations.

19) Physical Environment §483.90. Phase 1 requirements include P&Ps related to new requirement for substantial reconstruction, regular inspection of bedframes, mattresses and bedrails.

20) Training requirements §483.95. Update written policies for training of staff and volunteer training. Must provide and document training in dementia and abuse to all volunteers, must have training for feeding assistants, and must have staff training at least annually on abuse and dementia care.