**Specialized Rehabilitation**

**Competency**

Suggested Implementation Checklist

**Suggested Implementation Checklist: Specialized Rehabilitation**

| **Regulation** | **Recommended Actions** |
| --- | --- |
| **F838: Facility Assessment**  “The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and ct. The facility assessment must address or include:   * §483.70(e)(1) The facility’s resident population, including, but not limited to,  1. Both the number of residents and the facility’s resident capacity; 2. The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population; 3. The staff competencies that are necessary to provide the level and types of care needed for the resident population; 4. The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and 5. Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.  * §483.70(e)(2) The facility’s resources, including but not limited to,  1. All buildings and/or other physical structures and vehicles; 2. Equipment (medical and non- medical); 3. Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies; 4. All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care 5. Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and 6. Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.  * §483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all hazards approach”[[1]](#footnote-1) | * Determine what policies and procedures may be required in the provision of care and services and how the facility will add new policies or revise policies based upon resident population needs and standards of practice. * Review and update current policies and procedure * Develop a policy and procedure revision process which is incorporated into the QAPI plan * Educate all staff both employees and those who provide services under contract re: changes in policies and procedures. regulation, competencies * Review PASAAR policies, processes and identification of residents requiring specialized services * Conduct updated training for all staff employees and those who provide services under contract monitoring for compliance * Ensure all staff competencies are necessary to provide types of care needed in the resident population (all data) * Write a facility assessment summary. * Review facility assessment summary data to make appropriate revisions necessary to resources. * Re-evaluate revisions * Review assessment yearly and update facility assessment * Complete a community- based risk assessment along with the facility assessment * Ensure Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies * Ensure competency testing in place and center/contract entity has documentation |
| **F826**  **Qualifications Specialized rehabilitative services**  “Qualifications Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.  DEFINITIONS §483.65(b) “Qualified Personnel” means a physical therapist, occupational therapist, respiratory therapist, speech-language pathologist, physician, nurse practitioner, clinical nurse specialist, or physician’s assistant, who is licensed or certified by the state to furnish therapy services. Qualified personnel may also include a physical therapist assistant (PTA), or an occupational therapy assistant (OTA) when furnishing services under the supervision of a qualified therapist.  GUIDANCE §483.65(b) The facility must employ either directly or contract with an outside resource the appropriate qualified personnel as defined above, and additional support staff to ensure the needs of the residents are met in accordance with their comprehensive plan of care.”[[2]](#footnote-2) | * Ensure system to identify credentials for qualified personnel: * Physical Therapists * Occupational Therapists * Respiratory Therapists * Speech-Language Pathologists * Physicians, * Nurse Practitioners, * Clinical Nurse Specialists * Physician’s Assistants   (licensed or certified by the state to furnish therapy services).   * Qualified personnel may also include a physical therapist assistant (PTA), or an occupational therapy assistant (OTA) when furnishing services under the supervision of a qualified therapist therefore identifying education and credentials is essential * Ensure adequate staff to ensure the needs of the residents are met in accordance with their comprehensive plan of care. * Review facility assessment summary data to make appropriate revisions necessary to resources for rehabilitation services * Ensure competency testing in place and center/contract entity has documentation * Collaborate with IDT, resident and resident representative re: needs of the residents are met in accordance with their comprehensive plan of care |
| **F552 Right to be informed and make treatment decisions**  **“§**483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:  §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.  §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.  §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers”[[3]](#footnote-3) | Review the following to include “Provide resident with information to make treatment decisions. Include resident/resident representative in the care planning process”   * Care planning * Admissions * Rehabilitation * IDT department specific * Physician services * Notification * PASARR |
| **F745 Social Services**  “The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.”[[4]](#footnote-4) | * Review social services policies and procedures related to provision of specialized rehabilitation services and PASARR processes and services |
| **F635 Admission Orders**  “At the time each resident is admitted, the facility must have physician orders for the resident’s immediate care”[[5]](#footnote-5) | * Review process for obtaining Physician Orders for specialized services based upon PASARR, assessment and plan of care * Monitor PO, Check/provide services required, Signed orders |
| **F580 Notification of change**  “A facility must immediately inform the resident; consult with the resident’s physician; and notify, consistent with his or her authority, the resident representative(s) when there is—  (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;  (B) A significant change in the resident’s physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);  (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or  (D) A decision to transfer or discharge the resident from the facility”[[6]](#footnote-6) | * Review policies and procedures for the below correlating to the need for specialized rehabilitation: * Notification of change of condition * Identification of change of condition * Specialized rehabilitation services provisions |
| **F658 Professional Standards**  “The services provided or arranged by the facility, as outlined by the comprehensive care plan, must— (i) Meet professional standards of quality”[[7]](#footnote-7) | * Review the following policies and procedures:   Comprehensive care plan  Admissions  PASARR  Behavioral health services  Rehabilitation services and integration into comprehensive plan of care |
| **F659 Be provided by qualified persons**  “§483.21(b)(3) Comprehensive Care Plans  The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—  (ii) Be provided by qualified persons in accordance with each resident's written plan of care.”[[8]](#footnote-8)  **F 725 Sufficient and Competent Staffing**  “§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans.”[[9]](#footnote-9) | Training for:   * Licensed Nurse training related to facility policy, roles and responsibilities for specialized rehabilitation services and person-centered plan of care * IDT training related to facility policy, roles and responsibilities for specialized rehabilitation services and person-centered plan of care * Admissions team training related to facility policy, roles and responsibilities for specialized rehabilitation services, PASARR and person-centered plan of care * Monitor and review delegation for following regulation   Review the facility assessment for sufficient and qualified staff.  Review competency training for competent staff.   * Ensure adequate staff to ensure the needs of the residents are met in accordance with their comprehensive plan of care. |
| **F715 Physician Delegation to Therapist,**  “A resident’s attending physician may delegate the task of writing dietary orders, consistent with §483.60, to a qualified dietitian or other clinically qualified nutrition professional who—   1. Is acting within the scope of practice as defined by State law; and 2. Is under the supervision of the physician.     §483.30(e)(3) A resident’s attending physician may delegate the task of writing therapy orders, consistent with §483.65, to a qualified therapist who—   1. Is acting within the scope of practice as defined by State law; and 2. Is under the supervision of the physician”[[10]](#footnote-10) | * Monitor and review delegation for following regulatory requirements |
| **F880 Infection Control**  “The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections”[[11]](#footnote-11) | Therapy, Nurse and CNA training on Infection Control to include:   * Standard Precautions * Transmission-Based Precautions * PPE * Hand Hygiene * Blood Borne Pathogens * Monitoring for Signs/Symptoms of Infection for causes of pain * Infection control competencies |
| **F841 Medical Director**  “Medical director. §483.70(h)(1) The facility must designate a physician to serve as medical director.    §483.70(h)(2) The medical director is responsible for— (i) Implementation of resident care policies; and   1. The coordination of medical care in the facility”[[12]](#footnote-12) | * Medical Director to collaborate, review and approve all policies, procedures and protocols for pain management |
| **F842 Medical Records**  “Medical records. §483.70(i)  (1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are—  (i) Complete;  (ii) Accurately documented;  (iii) Readily accessible; and  (iv) Systematically organized”[[13]](#footnote-13) | Documentation in the Medical Record to include:   * Resident care and services * Change of condition and follow up * Communication form between Shifts * Care Plan and revisions * Physician orders * All pertinent charting |
| **F 645 Preadmission Screening for Individuals with a mental disorder and individuals with intellectual disability**  §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability.  §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with:  (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission,  (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and  (B) If the individual requires such level of services, whether the individual requires specialized services; or  (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission—  (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and  (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.14 | Review PASARR policies and procedures, focusing on the provision of specialized rehabilitation services per Level Screen process  Review process to monitor outcomes for specialized rehab and resident maintaining or attaining functional outcomes per plan  Review process to addressing preferences and needs assessed by the MDS, the comprehensive care plan must coordinate with and address any specialized services or specialized rehabilitation services the facility will provide or arrange as a result of PASARR recommendations |

**References**

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

Centers for Medicare and Medicaid Services: Specialized Rehabilitative or Restorative Services Critical Element Pathway, Form CMS 20080 (5/2017): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

Medicaid - Preadmission Screening and Resident Review: <https://www.medicaid.gov/medicaid/ltss/institutional/pasrr/index.html>

Manufacturer’s Recommendations on equipment, adaptive equipment, supplies, etc.

14 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

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4. [↑](#footnote-ref-4)
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   [↑](#footnote-ref-7)
8. [↑](#footnote-ref-8)
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13. [↑](#footnote-ref-13)