

**Aspen Federal Regulation Set A: Version 18.00 ( 12/10/2007) ACUTE CARE HOSPITAL**

Tag	CFR	Regulatory Text	M	N	N/A	NOTES
<b>Report of Survey – ACUTE CARE HOSPITAL</b>						
Name of Facility:					Medicare Provider Number:	
Address:					Facility Identification Number:	
City:		County:	Code:	State:		Zip Code:
Surveyor's Name:		Surveyor's Discipline:		Dates of Survey:	From:	To:
<b>Types of Survey:</b>	<b>Initial Survey</b>	<b>Recertification Survey</b>	<b>Follow-up Visit</b>	<b>Complaint Investigation</b>	<b>Other:</b>	
<p>X0000</p> <p>Entrance conference:                      Time:                      Date:</p> <p>Location:</p> <p>Attendees:</p> <p>The purpose of the survey and the survey process were explained. An opportunity was provided for questions and discussion.</p> <p>For each complaint investigation:</p> <p>Complaint no.:                      <input type="checkbox"/> SUBSTANTIATED    <input type="checkbox"/> Unsubstantiated</p> <p>A survey was conducted to determine the hospital's compliance with the Medicare Conditions of Participation set forth at 42 CFR Part 482 using the applicable survey report form.</p> <p>The facility was found to be in compliance with the Medicare Conditions of Participation set forth at 42 CFR Part 482.</p> <p>Exit conference:                      Time:                      Date:</p> <p>Location:</p> <p>Attendees:</p> <p>The preliminary findings of the survey and the next steps in the survey process were explained. An opportunity was provided for questions and discussion. An opportunity was also provided for the facility to provide evidence of compliance with those requirements for which non-compliance had been found during the survey. No such evidence was either alleged or proffered.</p>						

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A0000	Initial Comments	Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.				
A0001	482.2 CONDITION: NON- PARTICIPATING HOSPITALS, EMERGENCIES	The services of an institution that does not have an agreement to participate in the Medicare program may, nevertheless, be reimbursed under the program if the services are emergency services; and the institution meets the requirements of section 1861(e)(1) through (5) and (7) of the Act. Rules applicable to emergency services furnished by non-participating hospitals are set forth in subpart G of part 424 of this chapter. Section 440.170(e) of this chapter defines emergency hospital services for purposes of Medicaid reimbursement.				
A0020	482.11 CONDITION: COMPLIANCE WITH FEDERAL LAWS	The hospital must ensure that specific Federal, State and local law requirements are met.				
A0021	482.11(a)	The hospital must be in compliance with applicable Federal laws related to the health and safety of patients.				

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A0022	482.11(b)	The hospital must be licensed; or approved as meeting standards for licensing established by the agency of the State or locality responsible for licensing hospitals.				
A0023	482.11(c)	The hospital must assure that personnel are licensed or meet other applicable standards that are required by State or local laws.				
<b>A0043</b>	<b>482.12: CONDITION: GOVERNING BODY</b>	<b>The hospital must have an effective governing body legally responsible for the conduct of the hospital as an institution. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.</b>				
A0044	482.12(a)	The governing body must ensure that specific medical staff requirements are met.				
A0045	482.12(a)(1)	The governing body must determine, in accordance with State law, which categories of practitioners are eligible candidates for appointment to the medical staff.				
A0046	482.12(a)(2)	The governing body must appoint members of the medical staff after considering the recommendations of the existing members of the medical staff.				
A0047	482.12(a)(3)	The governing body must assure that the medical staff has bylaws.				
A0048	482.12(a)(4)	The governing body must approve medical staff bylaws and other medical staff rules and regulations.				
A0049	482.12(a)(5)	The governing body must ensure that the medical staff is accountable to the governing body for the quality of care provided to patients.				

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A0050	482.12(a)(6)	The governing body must ensure that criteria for selection are individual character, competence, training, experience, and judgment.				
A0051	482.12(a)(7)	The governing body must ensure that under no circumstances is the accordance of staff membership or professional privileges in the hospital dependent solely upon certification, fellowship or membership in a specialty body or society.				
A0057	482.12(b)	The governing body must appoint a chief executive officer who is responsible for managing the hospital.				
A0063	482.12(c)	In accordance with hospital policy, the governing body must ensure that specific patient care requirements are met.				
A0064	482.12(c)(1)	[ ...the governing body must ensure that the following requirements are met:] Every Medicare patient is under the care of: o A doctor of medicine or osteopathy (This provision is not to be construed to limit the authority of a doctor of medicine or osteopathy to delegate tasks to other qualified health care personnel to the extent recognized under State law or a State's regulatory mechanism); o A doctor of dental surgery or dental medicine who is legally authorized to practice dentistry by the State and who is acting within the scope of his or her license; o A doctor of podiatric medicine, but only with respect to functions which he or she is legally authorized by the State to perform; o A doctor of optometry who is legally authorized to practice optometry by the State in which he or she practices;				

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		o A chiropractor who is licensed by the State or legally authorized to perform the services of a chiropractor, but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated on x-ray to exist; or o A clinical psychologist as defined in §410.71 of this chapter, but only with respect to clinical psychologist services as defined in §410.71 of this chapter and only to the extent permitted by State law.				
A0065	482.12(c)(2)	Patients are admitted to the hospital only on the recommendation of a licensed practitioner permitted by the State to admit patients to a hospital.				
A0066	482.12(c)(2)	If a Medicare patient is admitted by a practitioner not specified in (c)(1) of this section, that patient is under the care of a doctor of medicine or osteopathy.				
A0067	482.12(c)(3)	A doctor of medicine or osteopathy is on duty or on call at all times.				
A0068	482.12(c)(4)	A doctor of medicine or osteopathy is responsible for the care of each Medicare patient with respect to any medical or psychiatric problem that is present on admission or develops during hospitalization; and is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor; or clinical psychologist, as that scope is defined by the medical staff; permitted by State law; and limited, under paragraph (c)(1)(v) of this section, with respect to chiropractors.				

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A0073	482.12(d)	The institution must have an overall institutional plan that meets the following conditions: o The plan must include an annual operating budget that is prepared according to generally accepted accounting principles. o The budget must include all anticipated income and expenses. This provision does not require that the budget identify item by item the components of each anticipated income or expense. o The plan must provide for capital expenditures for at least a 3-year period, including the year in which the operating budget specified in paragraph (d)(2) of this section is applicable. o The plan must include and identify in detail the objective of, and the anticipated sources of financing for, each anticipated capital expenditure in excess of \$600,000 (or a lesser amount that is established, in accordance with section 1122(g)(1) of the Act, by the State in which the hospital is located) that relates to any acquisition of land; improvement of land, buildings, and equipment; or the replacement, modernization, and expansion of buildings and equipment.				
A0074	482.12(d)(5)	The plan must be submitted for review to the planning agency designated in accordance with section 1122(b) of the Act, or if an agency is not designated, to the appropriate health planning agency in the State. (See part 100 of this title.)				
A0075	482.12(d)(5)	A capital expenditure is not subject to section 1122 review if 75 percent of the health care facility's patients who are expected to use the service for which the capital expenditure is made are individuals enrolled in a health maintenance				

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		organization (HMO) or competitive medical plan (CMP) that meets the requirements of section 1876(b) of the Act, and if the Department determines that the capital expenditure is for services and facilities that are needed by the HMO or CMP in order to operate efficiently and economically and that are not otherwise readily accessible to the HMO or CMP because the facilities do not provide common services at the same site; the facilities are not available under a contract of reasonable duration; full and equal medical staff privileges in the facilities are not available; arrangements with these facilities are not administratively feasible; or the purchase of these services is more costly than if the HMO or CMP provided the services directly.				
A0076	482.12(d)(6)	The plan must be reviewed and updated annually.				
A0077	482.12(d)(7)	The plan must be prepared under the direction of the governing body; and by a committee consisting of representatives of the governing body, the administrative staff, and the medical staff of the institution.				
A0083	482.12(e)	The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the				

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		contracted services.				
A0084	482.12(e)(1)	The governing body must ensure that the services performed under a contract are provided in a safe and effective manner.				
A0085	482.12(e)(2)	The hospital must maintain a list of all contracted services, including the scope and nature of the services provided.				
A0091	482.12(f)	The hospital must ensure that specific emergency services requirements are met, if emergency services are provided.				
A0092	482.12(f)(1)	If emergency services are provided at the hospital, the hospital must comply with the requirements of §482.55.				
A0093	482.12(f)(2)	If emergency services are not provided at the hospital, the governing body must assure that the medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and referral when appropriate.				
A0094	482.12(f)(3)	If emergency services are provided at the hospital but are not provided at one or more off-campus departments of the hospital, the governing body of the hospital must assure that the medical staff has written policies and procedures in effect with respect to the off-campus department(s) for appraisal of emergencies and referral when appropriate.				
<b>A0115</b>	<b>482.13 CONDITION: PATIENT RIGHTS</b>	<b>A hospital must protect and promote the rights of each patient.</b>				
A0116	482.13(a)	The hospital must ensure that specific notice of rights requirements is met.				
A0117	482.13(a)(1)	A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of				

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		furnishing or discontinuing patient care whenever possible.				
A0118	482.13(a)(2)	The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.				
A0119	482.13(a)(2)	The hospital's governing body must approve and be responsible for the effective operation of the grievance process, and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee.				
A0120	482.13(a)(2)	The grievance process must include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization.				
A0121	482.13(a)(2)(i)	The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.				
A0122	482.13(a)(2)(ii)	The grievance process must specify time frames for review of the grievance and the provision of a response.				
A0123	482.13(a)(2)(iii)	In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.				
A0129	482.13(b)	The hospital must ensure that specific exercise of rights requirements is met.				
A0130	482.13(b)(1)	The patient has the right to participate in				

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		the development and implementation of his or her plan of care.				
A0131	482.13(b)(2)	The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status; being involved in care planning and treatment; and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.				
A0132	482.13(b)(3)	The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, in accordance with §489.100 of this part (Definition), §489.102 of this part (Requirements for providers), and §489.104 of this part (Effective dates).				
A0133	482.13(b)(4)	The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.				
A0142	482.13(c)	The hospital must ensure that specific privacy and safety requirements are met.				
A0143	482.13(c)(1)	The patient has the right to personal privacy.				
A0144	482.13(c)(2)	The patient has the right to receive care in a safe setting.				
A0145	482.13(c)(3)	The patient has the right to be free from all forms of abuse or harassment.				

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A0146	482.13(d)	The hospital must ensure that specific confidentiality of patient records requirements are met.				
A0147	482.13(d)(1)	The patient has the right to the confidentiality of his or her clinical records.				
A0148	482.13(d)(2)	The patient has the right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.				
A0154	482.13(e)	The hospital must ensure that specific patient rights requirements regarding restraint or seclusion are met.				
A0155	482.13(e)	All patients have the right to be free from physical or mental abuse, and corporal punishment.				
A0156	482.13(e)	All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff.				
A0157	482.13(e)	Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others.				
A0158	482.13(e)	Restraint or seclusion must be discontinued at the earliest possible time.				
A0159	482.13(e)(1)(i)(A)	A restraint is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely.				
A0160	482.13(e)(1)(i)(B)	A restraint is a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's				

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		freedom of movement and is not a standard treatment or dosage for the patient's condition.				
A0161	482.13(e)(1)(i)(c)	A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).				
A0162	482.13(e)(1)(ii)	Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving.				
A0163	482.13(e)(1)(ii)	Seclusion may only be used for the management of violent or self-destructive behavior.				
A0164	482.13(e)(2)	Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient or others from harm.				
A0165	482.13(e)(3)	The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient or others from harm.				
A0166	482.13(e)(4)(i)	The use of restraint or seclusion must be in accordance with a written modification to the patient's plan of care.				
A0167	482.13(e)(4)(ii)	The use of restraint or seclusion must be implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by hospital policy				

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		in accordance with State law.				
A0168	482.13(e)(5)	The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law.				
A0169	482.13(e)(6)	Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN).				
A0170	482.13(e)(7)	The attending physician must be consulted as soon as possible if the attending physician did not order the restraint or seclusion.				
A0171	482.13(e)(8)	Unless superseded by State law that is more restrictive, each order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be renewed in accordance with the following limits for up to a total of 24 hours: (A) 4 hours for adults 18 years of age or older; (B) 2 hours for children and adolescents 9 to 17 years of age; or (C) 1-hour for children under 9 years of age;				
A0172	482.13(e)(8)	Unless superseded by State law that is more restrictive, after 24 hours, before writing a new order for the use of restraint or seclusion for the management of violent or self-destructive behavior, a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) of this part and authorized to order restraint or seclusion by				

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		hospital policy in accordance with State law must see and assess the patient.				
A0173	482.13(e)(8)	Unless superseded by State law that is more restrictive, each order for restraint used to ensure the physical safety of the non-violent or non-self-destructive patient may be renewed as authorized by hospital policy.				
A0174	482.13(e)(9)	Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order.				
A0175	482.13(e)(10)	The condition of the patient who is restrained or secluded must be monitored by a physician, other licensed independent practitioner or trained staff that have completed the training criteria specified in paragraph (f) of this section at an interval determined by hospital policy.				
A0176	482.13(e)(11)	Physician and other licensed independent practitioner training requirements must be specified in hospital policy				
A0177	482.13(e)(11)	At a minimum, physicians and other licensed independent practitioners authorized to order restraint or seclusion by hospital policy in accordance with State law must have a working knowledge of hospital policy regarding the use of restraint or seclusion.				
A0178	482.13(e)(12)	When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, the patient must be seen face-to-face within 1-hour after the initiation of the intervention by a physician or other licensed independent practitioner; or registered nurse or physician assistant				

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		who has been trained in accordance with the requirements specified in paragraph (f) of this section.				
A0179	482.13(e)(12)	When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, the patient must be seen face-to-face within 1-hour after the initiation of the intervention to evaluate the patient's immediate situation; the patient's reaction to the intervention; the patient's medical and behavioral condition; and the need to continue or terminate the restraint or seclusion				
A0180	482.13(e)(13)	States are free to have requirements by statute or regulation that are more restrictive than those contained in paragraph (e)(12)(i) of this section				
A0182	482.13(e)(14)	If the face-to-face evaluation specified in paragraph (e)(12) of this section is conducted by a trained registered nurse or physician assistant, the trained registered nurse or physician assistant must consult the attending physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) as soon as possible after the completion of the 1-hour face-to-face evaluation.				
A0183	482.13(e)(15)	All requirements specified under this paragraph are applicable to the simultaneous use of restraint and seclusion. Simultaneous restraint and seclusion use is only permitted if the patient is continually monitored face-to-face by an assigned,				

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		trained staff member; or by trained staff using both video and audio equipment.				
A0184	482.13(e)(16)	When restraint or seclusion is used, there must be documentation in the patient's medical record of the 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior.				
A0185	482.13(e)(16)	When restraint or seclusion is used, there must be documentation in the patient's medical record of a description of the patient's behavior and the intervention used.				
A0186	482.13(e)(16)	When restraint or seclusion is used, there must be documentation in the patient's medical record of alternatives or other less restrictive interventions attempted (as applicable);				
A0187	482.13(e)(16)	When restraint or seclusion is used, there must be documentation in the patient's medical record of the patient's condition or symptom(s) that warranted the use of the restraint or seclusion.				
A0188	482.13(e)(16)	When restraint or seclusion is used, there must be documentation in the patient's medical record of the patient's response to the intervention(s) used, including the rationale for continued use of the intervention.				
A0194	482.13(f)	The patient has the right to safe implementation of restraint or seclusion.				
A0195	482.13(f)	The patient has the right to implementation of restraint or seclusion by trained staff.				
A0196	482.13(f)(1)	Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care				

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		for a patient in restraint or seclusion before performing any of the actions specified in this paragraph.				
A0197	482.13(f)(1)	Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion as part of orientation.				
A0198	482.13(f)(1)	Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion on a periodic basis consistent with hospital policy.				
A0199	482.13(f)(2)	The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion.				
A0200	482.13(f)(2)(ii)	The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the use of nonphysical intervention skills.				
A0201	482.13(f)(2)(iii)	The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least choosing the least restrictive intervention based on an individualized assessment of the patient's medical, or				

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		behavioral status or condition.				
A0202	482.13(f)(2)(iv)	The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the safe application and use of all types of restraint or seclusion used in the hospital.				
A0203	482.13(f)(2)(iv)	The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population; including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia).				
A0204	482.13(f)(2)(v)	The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.				
A0205	482.13(f)(2)(vi)	The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the 1-hour face-to-face evaluation.				
A0206	482.13(f)(2)(vii)	The hospital must require appropriate staff to have education, training, and				

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		demonstrated knowledge based on the specific needs of the patient population in at least the use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.				
A0207	482.13(f)(3)	Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address patients' behaviors.				
A0208	482.13(f)(4)	The hospital must document in the staff personnel records that the training and demonstration of competency were successfully completed.				
A0214	482.13(g)	Hospitals must report deaths associated with the use of seclusion or restraint.				
A0215	482.13(g)(1)(i)	Hospitals must report the following information to CMS: Each death that occurs while a patient is in restraint or seclusion.				
A0216	483.13(g)(1)(i)	Hospitals must report deaths associated with the use of restraint. The hospital must report to CMS each death that occurs within 24 hours after the patient has been removed from restraint.				
A0217	482.13(g)(1)(iii)	Hospitals must report the following information to CMS: Each death known to the hospital that occurs within 1 week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to a patient's death. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing or asphyxiation.				

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A0221	482.13(g)(2)	Each death referenced in this paragraph must be reported to CMS by telephone no later than the close of business the next business day following knowledge of the patient's death.				
A0222	482.13(g)(3)	Hospitals must report deaths associated with the use of restraint or seclusion. Staff must document in the patient's medical record the date and time the death was reported to CMS.				
<b>A0263</b>	<b>482.21 CONDITION: QAPI</b>	<b>The hospital must develop, implement and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.</b>				
A0264	482.21(a)	Standard: Program Scope The hospital must ensure that specific program requirements are met.				
A0265	482.21(a)(1)	The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes.				
A0266	482.21(a)(1)	The program must include, but not be				

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		limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will identify and reduce medical errors.				
A0267	482.21(a)(2)	The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital services and operations.				
A0273	482.21(b)	Standard: Program Data The hospital must ensure that specific program data requirements are met.				
A0274	482.21(b)(1)	The program must incorporate quality indicator data including patient care data, and other relevant data, for example, information submitted to, or received from the hospital's Quality Improvement Organization (QIO).				
A0275	482.21(b)(2)(i)	The hospital must use the data collected to monitor the effectiveness and safety of service and quality of care.				
A0276	482.21(b)(2)(ii)	The hospital must use the data collected to identify opportunities for improvement and changes that will lead to improvement.				
A0277	482.21(b)(3)	The frequency and detail of data collection must be specified by the hospital's governing body.				
A0283	482.21(c)	Standard: Program Activities The hospital must ensure that specific QAPI program activities requirements are met.				
A0285	482.21(c)(1)	The hospital must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect patient				

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		safety.				
A0286	482.21(c)(2)	Performance improvement activities must track medical errors and adverse patient events.				
A0287	482.21(c)(2)	Performance improvement activities must track medical errors and adverse patient events and analyze their causes.				
A0288	482.21(c)(2)	Performance improvement activities must track medical errors and adverse patient events, analyze their causes and implement preventive actions and mechanisms that include feedback and learning throughout the hospital.				
A0289	482.21(c)(3)	The hospital must take actions aimed at performance improvement.				
A0290	482.21(c)(3)	The hospital must measure its success after implementing actions aimed at performance improvement.				
A0291	482.21(c)(3)	The hospital must track performance to ensure that improvements are sustained.				
A0297	482.21(d)	As part of its quality assessment and performance improvement program, the hospital must conduct performance improvement projects.				
A0298	482.21(d)(1)	The number and scope of distinct improvement projects conducted annually must be proportional to the scope and complexity of the hospital's services and operations.				
A0299	482.21(d)(2)	A hospital may, as one of its projects, develop and implement an information technology system explicitly designed to improve patient safety and quality of care. This project, in its initial stage of development, does not need to demonstrate measurable improvement in indicators				

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		related to health outcomes.				
A0300	482.21(d)(3)	The hospital must document what quality improvement projects are being conducted.				
A0301	482.21(d)(3)	The hospital must document the reasons for conducting performance improvement projects.				
A0302	482.21(d)(3)	The hospital must document the measurable progress achieved on performance improvement projects.				
A0303	482.21(d)(4)	A hospital is not required to participate in a QIO cooperative project, but its own projects are required to be of comparable effort.				
A0309	482.21(e)	The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring that specific QAPI program requirements are met.				
A0310	482.21(e)(1)	The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring that an ongoing program for quality improvement is defined, implemented, and maintained.				
A0311	482.21(e)(1)	The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring that an ongoing program for patient safety, including the reduction of medical errors, is				

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		defined, implemented and maintained.				
A0312	482.21(e)(2)	The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring that the hospital-wide quality assessment and performance improvement efforts address priorities for improved quality of care and that all improvement actions are evaluated.				
A0313	482.21(e)(2)	The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring that the hospital-wide quality assessment and performance improvement efforts address priorities for improved patient safety and that all improvement actions are evaluated.				
A0314	482.21(e)(3)	The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring that clear expectations for safety are established				
A0315	482.21(e)(4)	The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring that adequate resources are allocated for measuring, assessing, improving and sustaining the hospital's performance.				

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A0316	482.21(e)(4)	The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring that adequate resources are allocated for reducing risk to patients.				
A0317	482.21(e)(5)	The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring that the determination of the number of distinct improvement projects is conducted annually.				
<b>A0338</b>	<b>482.22 CONDITION: MEDICAL STAFF</b>	<b>The hospital must have an organized medical staff that operates under bylaws approved by the governing body and is responsible for the quality of care provided to patients by the hospital.</b>				
A0339	482.22(a)	The medical staff must be composed of doctors of medicine or osteopathy, and, in accordance with State law, may also be composed of other practitioners appointed by the governing body.				
A0340	482.22(a)(1)	The medical staff must periodically conduct appraisals of its members.				
A0341	482.22(a)(2)	The medical staff must examine credentials of candidates for medical staff membership and make recommendations to the governing body on the appointment of the candidates.				
A0347	482.22(b)	The medical staff must be well organized and accountable to the governing body for the quality of the medical care provided to				

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		the patients. The medical staff must be organized in a manner approved by the governing body. If the medical staff has an executive committee, a majority of the members of the committee must be doctors of medicine or osteopathy. The responsibility for organization and conduct of the medical staff must be assigned only to an individual doctor of medicine or osteopathy or, when permitted by State law of the State in which the hospital is located, a doctor of dental surgery or dental medicine.				
A0353	482.22(c)	The medical staff must adopt and enforce bylaws to carry out its responsibilities.				
A0354	482.22(c)(1)	The bylaws must be approved by the governing body.				
A0355	482.22(c)(2)	The bylaws must include a statement of the duties and privileges of each category of medical staff (e.g., active, courtesy, etc.)				
A0356	482.22(c)(3)	The bylaws must describe the organization of the medical staff.				
A0357	482.22(c)(4)	The bylaws must describe the qualifications to be met by a candidate in order for the medical staff to recommend that the candidate be appointed by the governing body.				
A0358	482.22(c)(5)	The medical staff must adopt and enforce bylaws to carry out its responsibilities. The bylaws must include a requirement that a medical history and physical examination be completed no more than 30 days before or 24 hours after admission for each patient by a physician (as defined in section 1861(r) of the Act), an oromaxillofacial surgeon, or other qualified individual in accordance with State law and hospital				

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		policy. The medical history and physical examination must be placed in the patient's medical record within 24 hours after admission. When the medical history and physical examination are completed within 30 days before admission, the hospital must ensure that an updated medical record entry documenting an examination for any changes in the patient's condition is completed. This updated examination must be completed and documented in the patient's medical record within 24 hours after admission.				
A0359	482.22(c)(5)					
A0363	482.22(c)(6)	The bylaws must include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges.				
A0364	482.22(d)	The medical staff should attempt to secure autopsies in all cases of unusual deaths and of medical-legal and educational interest. The mechanism for documenting permission to perform an autopsy must be defined. There must be a system for notifying the medical staff, and specifically the attending practitioner, when an autopsy is being performed.				
A0385	<b>482.23 CONDITION: NURSING SERVICES</b>	<b>The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.</b>				
A0386	482.23(a)	The hospital must have a well-organized service with a plan of administrative authority and delineation of responsibilities for patient care. The director of the nursing				

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		service must be a licensed registered nurse. He or she is responsible for the operation of the service, including determining the types and numbers of nursing personnel and staff necessary to provide nursing care for all areas of the hospital.				
A0392	482.23(b)	The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for bedside care of any patient.				
A0393	482.23(b)(1)	The hospital must provide 24-hour nursing services furnished or supervised by a registered nurse, and have a licensed practical nurse or registered nurse on duty at all times, except for rural hospitals that have in effect a 24-hour nursing waiver granted under §488.54(c) of this chapter.				
A0394	482.23(b)(2)	The nursing service must have a procedure in place to ensure that hospital nursing personnel for whom current licensure is required have a valid and current licensure.				
A0395	482.23(b)(3)	A registered nurse must supervise and evaluate the nursing care for each patient.				
A0396	482.23(b)(4)	The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient.				
A0397	482.23(b)(5)	A registered nurse must assign the nursing care of each patient to other nursing personnel in accordance with the patient's needs and the specialized qualifications and				

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		competence of the nursing staff available.				
A0398	482.23(b)(6)	Non-employee licensed nurses who are working in the hospital must adhere to the policies and procedures of the hospital. The director of nursing service must provide for the adequate supervision and evaluation of the clinical activities of non-employee nursing personnel which occur within the responsibility of the nursing services.				
A0404	482.23(c)	Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care as specified under §482.12(c), and accepted standards of practice.				
A0405	482.23(c)(1)	All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.				
A0406	482.23(c)(2)	With the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved hospital policy after an assessment of contraindications, orders for drugs and biologicals must be documented and signed by a practitioner who is authorized to write orders by hospital policy and in accordance with State law, and who is responsible for the care of the patient as specified under §482.12(c).				
A0407	482.23(c)(2)(i)	If verbal orders are used, they are to be used infrequently.				

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A0408	482.23(c)(2)(ii)	When verbal orders are used, they must only be accepted by persons who are authorized to do so by hospital policy and procedures consistent with Federal and State law.				
A0409	482.23(c)(3)	Blood transfusions and intravenous medications must be administered in accordance with State law and approved medical staff policies and procedures. If blood transfusions and intravenous medications are administered by personnel other than doctors of medicine or osteopathy, the personnel must have special training for this duty.				
A0410	482.23(c)(4)	There must be a hospital procedure for reporting transfusion reactions, adverse drug reactions, and errors in administration of drugs.				
<b>A0431</b>	<b>482.24 CONDITION: MEDICAL RECORD SERVICES</b>	<b>The hospital must have a medical records service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.</b>				
A0432	482.24(a)	The organization of the medical record service must be appropriate to the scope and complexity of the services performed. The hospital must employ adequate personnel to ensure prompt completion, filing, and retrieval of records.				
A0438	482.24(b)	The hospital must maintain a medical record for each inpatient and outpatient. Medical records must be accurately written, promptly completed, properly filed and retained, and accessible. The hospital must				

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		use a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries.				
A0439	482.24(b)(1)	Medical records must be maintained in their original or legally reproduced form for a period of at least 5 years.				
A0440	482.24(b)(2)	The hospital must have a system of coding and indexing medical records. The system must allow for timely retrieval by diagnosis and procedure, in order to support medical care evaluation studies.				
A0441	482.24(b)(3)	The hospital must have a procedure for ensuring the confidentiality of patient records. Information from or copies of records may be released only to authorized individuals.				
A0442	482.24(b)(3)	The hospital must ensure that unauthorized individuals cannot gain access to or alter patient records.				
A0443	482.24(b)(3)	Original medical records must be released by the hospital only in accordance with Federal or State laws, court orders, or subpoenas.				
A0449	482.24(c)	The medical record must contain information to justify admission and continued hospitalization, support the diagnosis, and describe the patient's progress and response to medications and services.				
A0450	482.24(c)(1)	All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.				

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A0454	482.24(c)(1)(i) –(ii)	(i) All orders, including verbal orders, must be dated, timed, and authenticated promptly by the ordering practitioner, except as noted in paragraph (c)(1)(ii) of this section. (ii) For the 5 year period following January 26, 2007, all orders, including verbal orders, must be dated, timed, and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to write orders by hospital policy in accordance with State law.				
A0457	482.24(c)(1)(iii)	All verbal orders must be authenticated based upon Federal and State law. If there is no State law that designates a specific timeframe for the authentication of verbal orders, verbal orders must be authenticated within 48 hours.				
A0458	482.24(c)(2)	All records must document the following, as appropriate: (i) Evidence of-- (A) A medical history and physical examination completed and documented no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services.				
A0461	482.24(c)(2)	[All records must document the following, as appropriate:]				

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		(i) Evidence of -- (B)An updated examination of the patient, including any changes in the patient's condition, when the medical history and physical examination are completed within 30 days before admission or registration. Documentation of the updated examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services.				
A0463	482.24(c)(2)(ii)	All records must document an admitting diagnosis.				
A0464	482.24(c)(2)(iii)	All records must document results of all consultative evaluations of the patient and appropriate findings by clinical and other staff involved in the care of the patient.				
A0465	482.24(c)(2)(iv)	All records must document complications, hospital acquired infections, and unfavorable reactions to drugs and anesthesia.				
A0466	482.24(c)(2)(v)	All records must contain properly executed informed consent forms for procedures and treatments specified by the medical staff, or by Federal or State law if applicable, to require written patient consent.				
A0467	482.24(c)(2)(vi)	All records must document all practitioner's orders, nursing notes, reports of treatment, medication records, radiology and laboratory reports, and vital signs and other information necessary to monitor the patient's condition.				
A0468	482.24(c)(2)(vii)	All records must include discharge summary with outcome of hospitalization, disposition of care and provisions for follow-up care.				

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A0469	482.24(c)(2)(viii)	All records must include final diagnosis with completion of medical records within 30 days following discharge or outpatient care.				
<b>A0490</b>	<b>482.25 CONDITION: PHARMACY SERVICES</b>	<b>The hospital must have pharmaceutical services that meet the needs of the patients. The institution must have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision. The medical staff is responsible for developing policies and procedures that minimize drug errors. This function may be delegated to the hospital's organized pharmaceutical service.</b>				
A0491	482.25(a)	The pharmacy or drug storage area must be administered in accordance with accepted professional principles.				
A0492	482.25(a)(1)	A full-time, part-time, or consulting pharmacist must be responsible for developing, supervising, and coordinating all the activities of the pharmacy services.				
A0493	482.25(a)(2)	The pharmaceutical service must have an adequate number of personnel to ensure quality pharmaceutical services, including emergency services.				
A0494	482.25(a)(3)	Current and accurate records must be kept of the receipt and distribution of all scheduled drugs.				
A0500	482.25(b)	In order to provide patient safety, drugs and biologicals must be controlled and distributed in accordance with applicable standards of practice, consistent with Federal and State law.				
A0501	482.25(b)(1)	All compounding, packaging, and dispensing of drugs and biologicals must be				

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		under the supervision of a pharmacist and performed consistent with State and Federal laws.				
A0502	482.25(b)(2)(i)	All drugs and biologicals must be kept in a secure area, and locked when appropriate.				
A0503	482.25(b)(2)(ii)	Drugs listed in Schedules II, III, IV, and V of the Comprehensive Drug Abuse Prevention and Control Act of 1970 must be kept locked within a secure area.				
A0504	482.25(b)(2)(iii)	Only authorized personnel may have access to locked areas.				
A0505	482.25(b)(3)	Outdated, mislabeled, or otherwise unusable drugs and biologicals must not be available for patient use.				
A0506	482.25(b)(4)	When a pharmacist is not available, drugs and biologicals must be removed from the pharmacy or storage area only by personnel designated in the policies of the medical staff and pharmaceutical service, in accordance with Federal and State law.				
A0507	482.25(b)(5)	Drugs and biologicals not specifically prescribed as to time or number of doses must automatically be stopped after a reasonable time that is predetermined by the medical staff.				
A0508	482.25(b)(6)	Drug administration errors, adverse drug reactions, and incompatibilities must be immediately reported to the attending physician and, if appropriate, to the hospital-wide quality assurance program.				
A0509	482.25(b)(7)	Abuses and losses of controlled substances must be reported, in accordance with applicable Federal and State laws, to the individual responsible for the pharmaceutical service, and to the chief executive officer, as appropriate.				

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A0510	482.25(b)(8)	Information relating to drug interactions and information of drug therapy, side effects, toxicology, dosage, indications for use, and routes of administration must be available to the professional staff.				
A0511	482.25(b)(9)	A formulary system must be established by the medical staff to assure quality pharmaceuticals at reasonable costs.				
<b>A0528</b>	<b>482.26 CONDITION: RADIOLOGIC SERVICES</b>	<b>The hospital must maintain, or have available, diagnostic radiological services. If therapeutic services are also provided, they, as well as the diagnostic services, must meet professionally approved standards for safety and personnel qualifications.</b>				
A0529	482.26(a)	The hospital must maintain, or have available, radiological services according to the needs of the patients.				
A0535	482.26(b)	The radiological services, particularly ionizing radiology procedures, must be free from hazards for patients and personnel.				
A0536	482.26(b)(1)	Proper safety precautions must be maintained against radiation hazards. This includes adequate shielding for patients, personnel, and facilities, as well as appropriate storage, use, and disposal of radioactive materials.				
A0537	482.26(b)(2)	Periodic inspection of equipment must be made and hazards identified must be promptly corrected.				
A0538	482.26(b)(3)	Radiation workers must be checked periodically, by the use of exposure meters or badge tests, for amount of radiation exposure.				
A0539	482.26(b)(4)	Radiologic services must be provided only on the order of practitioners with clinical				

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		privileges or, consistent with State law, of other practitioners authorized by the medical staff and the governing body to order the services.				
A0545	482.26(c)	The hospital must ensure that specific radiology personnel requirements are met.				
A0546	482.26(c)(1)	A qualified full-time, part-time, or consulting radiologist must supervise the ionizing radiology services and must interpret only those radiological tests that are determined by the medical staff to require a radiologist's specialized knowledge. For purposes of this section, a radiologist is a doctor of medicine or osteopathy who is qualified by education and experience in radiology.				
A0547	482.26(c)(2)	Only personnel designated as qualified by the medical staff may use the radiologic equipment and administer procedures.				
A0553	482.26(d)	Records of radiologic services must be maintained.				
A0554	482.26(d)(1)	The radiologist or other practitioner who performs radiology services must sign reports of his or her interpretations.				
A0555	482.26(d)(2)	The hospital must maintain the following for at least 5 years: (i) Copies of reports and printouts. (ii) Films, scans, and other image records. as appropriate.				
<b>A0576</b>	<b>482.27 CONDITION: LABORATORY SERVICES</b>	<b>The hospital must maintain, or have available, adequate laboratory services to meet the needs of its patients. The hospital must ensure that all laboratory services provided to its patients are performed in a facility certified in accordance with Part 493 of this chapter.</b>				
A0582	482.27(b)	The hospital must have laboratory services				

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		available, either directly or through a contractual agreement with a certified laboratory that meets the requirements of part 493 of this chapter.				
A0583	482.27(b)(1)	Emergency laboratory services must be available 24 hours a day.				
A0584	482.27(b)(2)	A written description of services provided must be available to the medical staff.				
A0585	482.27(b)(3)	The laboratory must make provisions for the proper receipt and reporting of tissue specimens.				
A0586	482.27(b)(4)	The medical staff and a pathologist must determine which tissue specimens require a macroscopic (gross) examination and which require both macroscopic and microscopic examinations.				
A0592	482.27(c)	Potentially HIV infectious blood and blood products are prior collections from a donor who tested negative at the time of donation but tests repeatedly reactive for the antibody to the human immunodeficiency virus (HIV) on a later donation, and the FDA-licensed, more specific test or other follow up testing recommended or required by FDA is positive and the timing of seroconversion cannot be precisely estimated. If a hospital regularly uses the services of an outside blood bank, it must have an agreement with the blood bank that governs the procurement, transfer, and availability of blood and blood products. The agreement must require that the blood bank promptly notify the hospital if it supplied blood and blood products collected from a donor who tested negative at the time of donation but tests repeatedly reactive for the antibody to HIV on a later				

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		<p>donation; and the results of the FDA-licensed, more specific test or other follow up testing recommended or required by FDA completed within 30 calendar days If a hospital regularly uses the services of an outside blood bank, it must have an agreement with the blood bank that governs the procurement, transfer, and availability of blood and blood products. The agreement must require that the blood bank promptly notify the hospital of the following: If it supplied blood and blood products collected from a donor who tested negative at the time of donation but tests repeatedly reactive for the antibody to HIV on a later donation, and; The results of the FDA-licensed, more specific test or other follow up testing recommended or required by FDA completed within 30 calendar days after the donor's repeatedly reactive screening test. (Regulations concerning FDA licensing and approval of tests are set forth at 21 CFR 610.45-et seq.) If the blood bank notifies the hospital of the repeatedly reactive HIV screening test results as required by paragraph (c)(2)(i) of this section, the hospital must determine the disposition of the blood or blood product and quarantine all blood and blood products from previous donations in inventory. If the blood bank notifies the hospital that the result of the FDA-licensed, more specific test or other follow up testing recommended by FDA is negative, absent other informative test results, the hospital may release the blood and blood products from quarantine. If the blood bank notifies the hospital that the results of the FDA-</p>				

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		licensed, more specific test or other follow up testing recommended by FDA is positive, the hospital must dispose of the blood and blood products in accordance with 21 CFR 606.40 and notify patients in accordance with paragraph (c)(4) of this section. If the hospital has administered potentially HIV infectious blood or blood products (either directly through its own blood bank or under an agreement described in paragraph (c)(2) of this section) or released such blood or blood products to another entity or appropriate individual, the hospital must take the following actions: <ul style="list-style-type: none"> <li>o Promptly make at least three attempts to notify the patient's attending physician (that is, the physician of record) or the physician who ordered the blood or blood products that potentially HIV infectious blood or blood products were transfused to the patient.</li> <li>o Ask the physician to immediately notify the patient, or other individual as permitted under paragraph (c)(8) of this section, of the need for HIV testing and counseling.</li> <li>o If the physician is unavailable, declines to make the notification, or later informs the hospital that he or she was unable to notify the patient, promptly make at least three attempts to notify the patient, or other individual as permitted under par</li> </ul> The notification effort begins when the blood bank notifies the hospital that it received potentially HIV infectious blood and blood products and continues for 8 weeks unless: <ul style="list-style-type: none"> <li>- The patient is located and notified; or</li> <li>- The hospital is unable to locate the patient and documents in the patient's medical</li> </ul>				

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		<p>record the extenuating circumstances beyond the hospital's control that caused the notification time frame to exceed 8 weeks. The notification given under paragraphs (c)(4)(ii) and (iii) of this section must include the following information: o A basic explanation of the need for HIV testing and counseling. o Enough oral or written information so that the transfused patient can make an informed decision about whether to obtain HIV testing and counseling. o A list of programs or places where the patient can obtain HIV testing and counseling, including any requirements or restrictions the program may impose. The hospital must establish policies and procedures for notification and documentation that conform to Federal, State, and local laws, including requirements for confidentiality and medical records. If the patient has been adjudged incompetent by a State court, the physician or hospital must notify a legal representative designated in accordance with State law. If the patient is competent, but State law permits a legal representative or relative to receive the information on the patient's behalf, the physician or hospital must notify the patient or his or her legal representative or relative. If the patient is deceased, the physician or hospital must continue the notification process and inform the deceased patient's legal representative or relative.</p>				
A0618	<p><b>482.28 CONDITION: FOOD &amp; DIETETIC</b></p>	<p><b>The hospital must have organized dietary services that are directed and staffed by adequate qualified personnel. However, a hospital that has a contract with an</b></p>				

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	<b>SERVICES</b>	<b>outside food management company may be found to meet this Condition of Participation if the company has a dietitian who serves the hospital on a full-time, part-time, or consultant basis, and if the company maintains at least the minimum standards specified in this section and provides for constant liaison with the hospital medical staff for recommendations on dietetic policies affecting patient treatment.</b>				
A0619	482.28(a)	The hospital must ensure that specific food and dietetic services organization requirements are met.				
A0620	482.28(a)(1)	The hospital must have a full-time employee who serves as director of the food and dietetic services; is responsible for daily management of the dietary services; and is qualified by experience or training.				
A0621	482.28(a)(2)	There must be a qualified dietitian, full-time, part-time, or on a consultant basis.				
A0622	482.28(a)(3)	There must be administrative and technical personnel competent in their respective duties.				
A0628	482.28(b)	Menus must meet the needs of the patients.				
A0629	482.28(b)(1)	Therapeutic diets must be prescribed by the practitioner or practitioners responsible for the care of the patients.				
A0630	482.28(b)(2)	Nutritional needs must be met in accordance with recognized dietary practices and in accordance with orders of the practitioner or practitioners responsible for the care of the patients.				
A0631	482.28(b)(3)	A current therapeutic diet manual approved by the dietitian and medical staff must be				

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		readily available to all medical, nursing, and food service personnel.				
A0652	<b>482.30 CONDITION: UTILIZATION REVIEW</b>	<b>The hospital must have in effect a utilization review (UR) plan that provides for review of services furnished by the institution and by members of the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.</b>				
A0653	482.30(a)	The provisions of this section apply unless a Utilization and Quality Control Quality Improvement Organization (QIO) has assumed binding review for the hospital; or CMS has determined that the UR procedures established by the State under title XIX of the Act are superior to the procedures required in this section, and has required hospitals in that State to meet the UR plan requirements under §§456.50 through 456.245 of this chapter.				
A0654	482.30(b)	A UR committee consisting of two or more practitioners must carry out the UR function. At least two of the members of the committee must be doctors of medicine or osteopathy. The other members may be any of the other types of practitioners specified in §482.12(c)(1). Except as specified in paragraphs (b)(2) and (3) of this section, the UR committee must be a staff committee of the institution or a group outside the institution that is established by the local medical society and some or all of the hospitals in the locality; or established in a manner approved by CMS. If, because of the small size of the institution, it is impracticable to have a properly functioning staff committee, the UR				

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		committee must be established as specified in paragraph (b)(1)(ii) of this section. The committee's or group's reviews may not be conducted by any individual who has a direct financial interest (for example, an ownership interest) in that hospital; or was professionally involved in the care of the patient whose case is being reviewed.				
A0655	482.30(c)	The UR plan must provide for review for Medicare and Medicaid patients with respect to the medical necessity of admissions to the institution; the duration of stays; and professional services furnished including drugs and biologicals. Review of admissions may be performed before, at, or after hospital admission. Except as specified in paragraph (e) of this section, reviews may be conducted on a sample basis. Hospitals that are paid for inpatient hospital services under the prospective payment system set forth in Part 412 of this chapter must conduct review of duration of stays and review of professional services for duration of stays. These hospitals need review only cases that they reasonably assume to be outlier cases based on extended length of stay, as described in §412.80(a)(1)(i) of this chapter. For professional services, these hospitals need review only cases that they reasonably assume to be outlier cases based on extraordinarily high costs, as described in §412.80(a)(1)(ii) of this chapter.				
A0656	482.30(d)	The determination that an admission or continued stay is not medically necessary may be made by one member of the UR committee if the practitioner or practitioners responsible for the care of the				

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		<p>patient, as specified in §482.12(c), concur with the determination or fail to present their views when afforded the opportunity; and must be made by at least two members of the UR committee in all other cases. Before making a determination that an admission or continued stay is not medically necessary, the UR committee must consult the practitioner or practitioners responsible for the care of the patient, as specified in §482.12(c), and afford the practitioner or practitioners the opportunity to present their views. If the committee decides that admission to or continued stay in the hospital is not medically necessary, written notification must be given, no later than 2 days after the determination, to the hospital, the patient, and the practitioner or practitioners responsible for the care of the patient, as specified in §482.12(c).</p>				
A0657	482.30(e)	<p>In hospitals that are not paid under the prospective payment system, the UR committee must make a periodic review, as specified in the UR plan, or each current inpatient receiving hospital services during a continuous period of extended duration. The scheduling of the periodic reviews may be the same for all cases; or differ for different classes of cases. In hospitals paid under the prospective payment system, the UR committee must review all cases reasonably assumed by the hospital to be outlier cases because the extended length of stay exceeds the threshold criteria for the diagnosis, as described in §412.80(a)(1)(i). The hospital is not required to review an extended stay that does not exceed the</p>				

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		outlier threshold for the diagnosis. The UR committee must make the periodic review no later than 7 days after the day required in the UR plan.				
A0658	482.30(f)	The committee must review professional services provided, to determine medical necessity and to promote the most efficient use of available health facilities and services.				
<b>A0700</b>	<b>482.41 CONDITION: PHYSICAL ENVIRONMENT</b>	<b>The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.</b>				
A0701	482.41(a)	The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.				
A0702	482.41(a)(1)	There must be emergency power and lighting in at least the operating, recovery, intensive care, and emergency rooms, and stairwells. In all other areas not serviced by the emergency supply source, battery lamps and flashlights must be available.				
A0703	482.41(a)(2)	There must be facilities for emergency gas and water supply.				
A0709	482.41(b)	The hospital must ensure that specific life safety from fire requirements are met.				
A0710	482.41(b)(1)(2)(3)	Except as otherwise provided in this section, the hospital must meet the applicable provisions of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the				

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		NFPA 101 2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: <a href="http://www.archives.gov/federal_register/code_of_federal_regulations;ibr_locations.html">http://www.archives.gov/federal_register/code_of_federal_regulations;ibr_locations.html</a> Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.				
A0711	482.41(b)(4)	Beginning March 13, 2006, a hospital must be in compliance with Chapter 19.2.9, Emergency Lighting.				
A0712	482.41(b)(5)	Beginning March 13, 2006, Chapter 19.3.6.3.2, exception number 2 does not apply to hospitals.				
A0713	482.41(b)(6)	The hospital must have procedures for the proper routine storage and prompt disposal of trash.				
A0714	482.41(b)(7)	The hospital must have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel and guests; evacuation; and cooperation with fire fighting authorities.				
A0715	482.41(b)(8)	The hospital must maintain written evidence of regular inspection and approval				

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		by State or local fire control agencies.				
A0716	482.41(b)(9)	A hospital may install alcohol-based hand rub dispensers in its facility if- (i) Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities; (ii) The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls; (iii) The dispensers are installed in a manner that adequately protects against inappropriate access; and (iv) The dispensers are installed in accordance with chapter 18.3.2.7 or chapter 19.3.2.7 of the 2000 edition of the Life Safety Code, as amended by the NFPA Temporary Interim Amendment 00-1(101) .				
A0722	48.41(c)	The hospital must maintain adequate facilities for its services.				
A0723	482.41(c)(1)	Diagnostic and therapeutic facilities must be located for the safety of patients.				
A0724	482.41(c)(2)	Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.				
A0725	482.41(c)(3)	The extent and complexity of facilities must be determined by the services offered.				
A0726	482.41(c)(4)	There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.				
<b>A0747</b>	<b>482.42 CONDITION: INFECTION CONTROL</b>	<b>The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention,</b>				

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		<b>control, and investigation of infections and communicable diseases.</b>				
A0748	482.42(a)	A person or persons must be designated as infection control officer or officers to develop and implement policies governing control of infections and communicable diseases.				
A0749	482.42(a)(1)	The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.				
A0750	482.42(a)(2)	The infection control officer or officers must maintain a log of incidents related to infections and communicable diseases.				
A0756	482.42(b)	Responsibilities of Chief Executive Officer, Medical Staff, and Director of Nursing Services The chief executive officer, the medical staff, and the director of nursing must ensure that the hospital-wide quality assurance program and training programs address problems identified by the infection control officer or officers; and be responsible for the implementation of successful corrective action plans in affected problem areas.				
<b>A0799</b>	<b>482.43 CONDITION: DISCHARGE PLANNING</b>	<b>The hospital must have in effect a discharge planning process that applies to all patients. The hospital's policies and procedures must be specified in writing.</b>				
A0800	482.43(a)	The hospital must identify at an early stage of hospitalization all patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning.				

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A0806	482.43(b)(1)	The hospital must provide a discharge planning evaluation to the patients identified in paragraph (a) of this section, and to other patients upon the patient's request, the request of a person acting on the patient's behalf, or the request of the physician.				
A0807	482.43(b)(2)	A registered nurse, social worker, or other appropriately qualified personnel must develop, or supervise the development of, the evaluation.				
A0808	482.43(b)(3)	The discharge planning evaluation must include an evaluation of the likelihood of a patient needing post-hospital services and of the availability of the services.				
A0809	482.43(b)(4)	The discharge planning evaluation must include an evaluation of the likelihood of a patient's capacity for self-care or of the possibility of the patient being cared for in the environment from which he or she entered the hospital.				
A0810	482.43(b)(5)	The hospital personnel must complete the evaluation on a timely basis so that appropriate arrangements for post-hospital care are made before discharge, and to avoid unnecessary delays in discharge.				
A0811	482.43(b)(6)	The hospital must include the discharge planning evaluation in the patient's medical record for use in establishing an appropriate discharge plan and must discuss the results of the evaluation with the patient or individual acting on his or her behalf.				
A0817	482.43(c)	The hospital must ensure that specific discharge plan requirements are met.				
A0818	482.43(c)(1)	A registered nurse, social worker, or other appropriately qualified personnel must				

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		develop, or supervise the development of, a discharge plan if the discharge planning evaluation indicates a need for a discharge plan.				
A0819	482.43(c)(2)	In the absence of a finding by the hospital that a patient needs a discharge plan, the patient's physician may request a discharge plan. In such a case, the hospital must develop a discharge plan for the patient.				
A0820	482.43(c)(3)	The hospital must arrange for the initial implementation of the patient's discharge plan.				
A0821	482.43(c)(4)	The hospital must reassess the patient's discharge plan if there are factors that may affect continuing care needs or the appropriateness of the discharge plan.				
A0822	482.43(c)(5)	As needed, the patient and family members or interested persons must be counseled to prepare them for post-hospital care.				
A0823	482.43(c)(6)	The hospital must include in the discharge plan a list of HHAs that are available to the patient, that are participating in the Medicare program, and that serve the geographic area (as defined by the HHA) in which the patient resides. HHAs must request to be listed by the hospital as available.				
A0824	482.43(c)(6)	The hospital must include in the discharge plan a list of SNFs that are available to the patient, that are participating in the Medicare program and that serve the geographic area requested by the patient.				
A0825	482.43(c)(6)(i)	This list must only be presented to patients for whom home health care or post-hospital extended care services are indicated and appropriate as determined by the discharge				

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		planning evaluation.				
A0826	482.43(c)(6)(ii)	For patients enrolled in managed care organizations, the hospital must indicate the availability of home health and post-hospital extended care services through individuals and entities that have a contract with the managed care organizations.				
A0827	482.43(c)(6)(iii)	The hospital must document in the patient's medical record that the list was presented to the patient or to the individual acting on the patient's behalf.				
A0828	482.43(c)(7)	The hospital, as part of the discharge planning process, must inform the patient or the patient's family of their freedom to choose among participating Medicare providers of post-hospital care services.				
A0829	482.43(c)(7)	The hospital, as part of the discharge planning process, must, when possible, respect the patient and family preferences when they are expressed.				
A0830	482.43(c)(7)	The hospital must not specify or otherwise limit the qualified providers that are available to the patient.				
A0831	482.43(c)(8)	The discharge plan must identify any HHA or SNF to which the hospital has a disclosable financial interest, as specified by the Secretary, and any HHA or SNF that has a disclosable financial interest in a hospital under Medicare. Financial interests that are disclosable under Medicare are determined in accordance with the provisions of Part 420, Subpart C, of this chapter.				
A0837	482.43(d)	The hospital must transfer or refer patients, along with necessary medical information, to appropriate facilities, agencies, or				

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		outpatient services, as needed, for follow-up or ancillary care.				
A0843	482.43(e)	The hospital must reassess its discharge planning process on an on-going basis. The reassessment must include a review of discharge plans to ensure that they are responsive to discharge needs.				
<b>A0884</b>	<b>482.45 CFONDITION: ORGAN, TISSUE, EYE PROCUREMENT</b>	<b>The hospital must ensure that specific organ, tissue, and eye procurement requirements are met.</b>				
A0885	482.45(a)	The hospital must have and implement written protocols.				
A0886	482.45(a)(1)	The written protocols must incorporate an agreement with an OPO designated under part 486 of this chapter, under which it must notify, in a timely manner, the OPO or a third party designated by the OPO of individuals whose death is imminent or who have died in the hospital. The OPO determines medical suitability for organ donation and, in the absence of alternative arrangements by the hospital, the OPO determines medical suitability for tissue and eye donation, using the definition of potential tissue and eye donor and the notification protocol developed in consultation with the tissue and eye banks identified by the hospital for this purpose;				
A0887	482.45(a)(2)	The written protocols must incorporate an agreement with at least one tissue bank and at least one eye bank to cooperate in the retrieval, processing, preservation, storage and distribution of tissues and eyes, as may be appropriate to assure that all usable tissues and eyes are obtained from potential				

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		donors, insofar as such an agreement does not interfere with organ procurement.				
A0888	482.45(a)(3)	The written protocols must ensure, in collaboration with the designated OPO, that the family of each potential donor is informed of its options to donate organs, tissues, or eyes, or to decline to donate.				
A0889	482.45(a)(3)	The individual designated by the hospital to initiate the request to the family must be an organ procurement representative or a designated requestor. A designated requestor is an individual who has completed a course offered or approved by the OPO and designed in conjunction with the tissue and eye bank community in the methodology for approaching potential donor families and requesting organ or tissue donation.				
A0890	482.45(a)(4)	The written protocols must encourage discretion and sensitivity with respect to the circumstances, views, and beliefs of the families of potential donors.				
A0891	482.45(a)(5)	The written protocols must ensure that the hospital works cooperatively with the designated OPO, tissue bank and eye bank in educating staff on donation issues.				
A0892	482.45(a)(5)	The written protocols must ensure that the hospital works cooperatively with the designated OPO, tissue bank and eye bank in reviewing death records to improve identification of potential donors.				
A0893	482.45(a)(5)	The written protocols must ensure that the hospital works cooperatively with the designated OPO, tissue bank and eye bank in maintaining potential donors while necessary testing and placement of potential donated organs, tissues, and eyes take				

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		place.				
A0899	482.45(b)	A hospital in which organ transplants are performed must be a member of the Organ Procurement and Transplantation Network (OPTN) established and operated in accordance with section 372 of the Public Health Service (PHS) Act (42 U.S.C. 274) and abide by its rules. The term "rules of the OPTN" means those rules provided for in regulations issued by the Secretary in accordance with section 372 of the PHS Act which are enforceable under 42 CFR 121.10. No hospital is considered to be out of compliance with section 1138(a)(1)(B) of the Act, or with the requirements of this paragraph, unless the Secretary has given the OPTN formal notice that he or she approves the decision to exclude the hospital from the OPTN and has notified the hospital in writing. For purposes of these standards, the term "organ" means a human kidney, liver, heart, lung, or pancreas. If a hospital performs any type of transplants, it must provide organ transplant related data, as requested by the OPTN, the Scientific Registry, and the OPOs. The hospital must also provide such data directly to the Department when requested by the Secretary.				
A0940	<b>482.51 CONDITION: SURGICAL SERVICES</b>	<b>If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.</b>				

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A0941	482.51(a)	The organization of the surgical services must be appropriate to the scope of the services offered.				
A0942	482.51(a)(1)	The operating rooms must be supervised by an experienced registered nurse or a doctor of medicine or osteopathy.				
A0943	482.51(a)(2)	Licensed practical nurses (LPNs) and surgical technologists (operating room technicians) may serve as "scrub nurses" under the supervision of a registered nurse.				
A0944	482.51(a)(3)	Qualified registered nurses may perform circulating duties in the operating room. In accordance with applicable State laws and approved medical staff policies and procedures, LPNs and surgical technologists may assist in circulatory duties under the supervision of a qualified registered nurse who is immediately available to respond to emergencies.				
A0945	482.51(a)(4)	Surgical privileges must be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner. The surgical service must maintain a roster of practitioners specifying the surgical privileges of each practitioner.				
A0951	482.51(b)	Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.				
A0952	482.51(b)(1)	There must be a complete history and physical work-up in the chart of every patient prior to surgery, except in emergencies. If this has been dictated, but not yet recorded in the patient's chart, there must be a statement to that effect and an				

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		admission note in the chart by the practitioner who admitted the patient.				
A0955	482.51(b)(2)	A properly executed informed consent form for the operation must be in the patient's chart before surgery, except in emergencies.				
A0956	482.51(b)(3)	The following equipment must be available to the operating room suites: call-in system, cardiac monitor, resuscitator, defibrillator, aspirator, and tracheotomy set.				
A0957	482.51(b)(4)	There must be adequate provisions for immediate post-operative care.				
A0958	482.51(b)(5)	The operating room register must be complete and up to date.				
A0959	482.51(b)(6)	An operative report describing techniques, findings, and tissues removed or altered must be written or dictated immediately following surgery and signed by the surgeon.				
<b>A1000</b>	<b>482.52 CONDITION: ANESTHESIA SERVICES</b>	<b>If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.</b>				
A1001	482.52(a)	The organization of anesthesia services must be appropriate to the scope of the services offered. Anesthesia must be administered only by: <ul style="list-style-type: none"> <li>o A qualified anesthesiologist;</li> <li>o A doctor of medicine or osteopathy (other than an anesthesiologist);</li> <li>o A dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under State law;</li> <li>o A certified registered nurse anesthetist (CRNA), as defined in §410.69(b) of this chapter, who, unless</li> </ul>				

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		<p>exempted in accordance with paragraph (c) of this section, is under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed; or o An anesthesiologist's assistant, as defined in Sec. 410.69(b) of this chapter, who is under the supervision of an anesthesiologist who is immediately available if needed. A hospital may be exempted from the requirement for MD/DO supervision of CRNAs as described in paragraph (a)(4) of this section, if the State in which the hospital is located submits a letter to CMS signed by the Governor, following consultation with the State's Boards of Medicine and Nursing, requesting exemption from MD/DO supervision of CRNAs. The letter from the Governor must attest that he or she has consulted with State Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the State and has concluded that it is in the best interests of the State's citizens to opt-out of the current MD/DO supervision requirement, and that the opt-out is consistent with State law. The request for exemption and recognition of State laws, and the withdrawal of the request may be submitted at any time, and are effective upon submission.</p>				
A1002	482.52(b)(1)	<p>Anesthesia services must be consistent with needs and resources. Policies on anesthesia procedures must include the delineation of pre-anesthesia and post-anesthesia responsibilities. The policies must ensure that a pre-anesthesia evaluation by an individual qualified to administer</p>				

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		anesthesia under paragraph (a) of this section performed within 48 hours prior to surgery is provided for each patient.				
A1003	482.52(b)(2)	The policies must ensure that an intraoperative anesthesia record is provided for each patient.				
A1004	482.52(b)(3)	With respect to inpatients, a post-anesthesia evaluation must be completed and documented by an individual qualified to administer anesthesia as specified in paragraph (a) of this section within 48 hours after surgery.				
A1005	482.52(b)(4)	The policies must ensure that, with respect to outpatients, a post-anesthesia evaluation for proper anesthesia recovery performed in accordance with policies and procedures approved by the medical staff is provided for each patient.				
<b>A1026</b>	<b>482.53 CONDITION: NUCLEAR MEDICINE SERVICES</b>	<b>If the hospital provides nuclear medicine services, those services must meet the needs of the patients in accordance with acceptable standards of practice.</b>				
A1027	482.53(a)	The organization of the nuclear medicine service must be appropriate to the scope and complexity of the services offered.				
A1028	482.53(a)(1)	There must be a director who is a doctor of medicine or osteopathy qualified in nuclear medicine.				
A1029	482.53(a)(2)	The qualifications, training, functions and responsibilities of the nuclear medicine personnel must be specified by the service director and approved by the medical staff.				
A1035	482.53(b)	Radioactive materials must be prepared, labeled, used, transported, stored, and				

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		disposed of in accordance with acceptable standards of practice.				
A1036	482.53(b)(1)	In-house preparation of radio pharmaceuticals is by, or under, the direct supervision of an appropriately trained registered pharmacist or doctor of medicine or osteopathy.				
A1037	482.53(b)(2)	There is proper storage and disposal of radioactive material.				
A1038	482.53(b)(3)	If laboratory tests are performed in the nuclear medicine service, the service must meet the applicable requirement for laboratory services specified in §482.27.				
A1044	482.53(c)	Equipment and supplies must be appropriate for the types of nuclear medicine services offered and must be maintained for safe and efficient performance.				
A1045	482.53(c)	The equipment must be maintained in safe operating condition; and inspected, tested and calibrated at least annually by qualified personnel.				
A1051	482.53(d)	The hospital must maintain signed and dated reports of nuclear medicine interpretations, consultations, and procedures.				
A1052	482.53(d)(1)	The hospital must maintain copies of nuclear medicine reports for at least 5 years.				
A1053	482.53(d)(2)	The practitioner approved by the medical staff to interpret diagnostic procedures must sign and date the interpretation of these tests.				
A1054	482.53(d)(3)	The hospital must maintain records of the receipt and distribution of radio pharmaceuticals.				

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A1055	482.53(d)(4)	Nuclear medicine services must be ordered only by practitioners whose scope of Federal or State licensure and whose defined staff privileges allow such referrals.				
<b>A1076</b>	<b>482.54 CONDITION: OUTPATIENT SERVICES</b>	<b>If the hospital provides outpatient services, the services must meet the needs of the patients in accordance with acceptable standards of practice.</b>				
A1077	482.54(a)	Outpatient services must be appropriately organized and integrated with inpatient services.				
A1079	482.54(b)	The hospital must assign an individual to be responsible for outpatient services; and have appropriate professional and nonprofessional personnel available.				
<b>A1100</b>	<b>482.55 CONDITION: EMERGENCY SERVICES</b>	<b>The hospital must meet the emergency needs of patients in accordance with acceptable standards of practice.</b>				
A1101	482.55(a)	If emergency services are provided at the hospital, the hospital must ensure that specific emergency services organization and direction requirements are met.				
A1102	482.55(a)(1)	The services must be organized under the direction of a qualified member of the medical staff.				
A1103	482.55(a)(2)	The services must be integrated with other departments of the hospital.				
A1104	482.55(a)(3)	The policies and procedures governing medical care provided in the emergency service or department are established by and are a continuing responsibility of the medical staff.				
A1110	482.55(b)	The hospital must ensure that specific emergency services personnel requirements are met.				

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A1111	482.55(b)(1)	The emergency services must be supervised by a qualified member of the medical staff.				
A1112	482.55(b)(2)	There must be adequate medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility.				
A1123	<b>482.56 CONDITION: REHABILITATION SERVICES</b>	<b>If the hospital provides rehabilitation, physical therapy, occupational therapy, audiology, or speech pathology services, the services must be organized and staffed to ensure the health and safety of patients.</b>				
A1124	482.56(a)	The organization of the service must be appropriate to the scope of the services offered.				
A1125	482.56(a)(1)	The director of the services must have the necessary knowledge, experience, and capabilities to properly supervise and administer the services.				
A1126	482.56(a)(2)	Physical therapy, occupational therapy, or speech therapy or audiology services, if provided, must be provided by staff that meets the qualifications specified by the medical staff, consistent with State law.				
A1132	482.56(b)	Services must be furnished in accordance with a written plan of treatment. Services must be given in accordance with orders of practitioners who are authorized by the medical staff to order the services, and the orders must be incorporated in the patient's record.				
A1151	<b>482.57 CONDITION: RESPIRATORY</b>	<b>If the hospital provides respiratory care services, the hospital must meet the needs of the patients in accordance with</b>				

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	<b>CARE SERVICES</b>	<b>acceptable standards of practice.</b>				
A1152	482.57(a)	The organization of the respiratory care services must be appropriate to the scope and complexity of the services offered.				
A1153	482.57(a)(1)	There must be a director of respiratory care services who is a doctor of medicine or osteopathy with the knowledge, experience and capabilities to supervise and administer the service properly. The director may serve on either a full-time or part-time basis.				
A1154	482.57(a)(2)	There must be adequate numbers of respiratory therapists, respiratory therapy technicians, and other personnel who meet the qualifications specified by the medical staff, consistent with State law.				
A1160	482.57(b)	Services must be delivered in accordance with medical staff directives.				
A1161	482.57(b)(1)	Personnel qualified to perform specific procedures and the amount of supervision required for personnel to carry out specific procedures must be designated in writing.				
A1162	482.57(b)(2)	If blood gases or other clinical laboratory tests are performed in the respiratory care unit, the unit must meet the applicable requirements for laboratory services specified in §482.27.				
A1163	482.57(b)(3)	Services must be provided only on, and in accordance with, the orders of a doctor of medicine or osteopathy.				
<b>A1500</b>	<b>482.66 CONDITION: SPECIAL CONDITIONS FOR HOSPITALS (SWING BEDS)</b>	<b>A hospital that has a Medicare provider agreement must meet specific requirements in order to be granted an approval from CMS to provide post-hospital extended care services, as specified in §409.30 of this chapter, and be reimbursed as a swing-bed hospital, as</b>				

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		<b>specified in §413.114 of this chapter.</b>				
A1501	482.66(a)(1) (SWING BEDS)	The facility has fewer than 100 hospital beds, excluding beds for newborns and beds in intensive care type inpatient units (for eligibility of hospitals with distinct parts electing the optional reimbursement method, see §413.24(d)(5) of this chapter).				
A1502	482.66(a)(2) (SWING BEDS)	The hospital is located in a rural area. This includes all areas not delineated as "urbanized" areas on the most recent census.				
A1503	482.66(a)(3) (SWING BEDS)	The hospital does not have in effect a 24-hour nursing waiver granted under §488.54(c) of this chapter.				
A1504	482.66(a)(4) (SWING BEDS)	The hospital has not had a swing-bed approval terminated within the two years previous to application.				
A1505	482.66(b) (SWING BEDS)	The facility is substantially in compliance with the following skilled nursing facility requirements contained in subpart B of part 483 of this chapter: o Resident rights (§483.10(b)(3), (b)(4), (b)(5), (b)(6), (d), (e), (h), (i), (j)(1)(vii), (j)(1)(viii), (l), and (m)); o Admission, transfer, and discharge rights (§483.12(a)(1)-(7)); o Resident behavior and facility practices (§483.13); o Patient activities (§483.15(f)); o Social services (§483.15(g)); o Discharge planning (§483.20(l)); o Specialized rehabilitative services (§483.45); o Dental services (§483.55).				
A1508	482.66(b)(1) (SWING BEDS)	The resident has a right to a dignified existence, self determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident, including the right				

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		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.				
A1509	482.66(b)(1) (SWING BEDS)	The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph 8 of this section.				
A1510	482.66(b)(1) (SWING BEDS)	The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section. The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.				
A1511	482.66(b)(1) (SWING BEDS)	The resident has the right to choose a personal attending physician.				
A1512	482.66(b)(1) (SWING BEDS)	The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being.				

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A1513	482.66(b)(1) (SWING BEDS)	The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.				
A1514	482.66(b)(1) (SWING BEDS)	The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.				
A1515	482.66(b)(1) (SWING BEDS)	The resident has the right to refuse to perform services for the facility; perform services for the facility, if he or she chooses, when the facility has documented the need or desire for work in the plan of care the plan specifies the nature of the services performed and whether the services are voluntary or paid; compensation for paid services is at or above prevailing rates; and the resident agrees to the work arrangement described in the plan of care.				
A1516	482.66(b)(1) (SWING BEDS)	The resident has the right to privacy in written communications, including the right				

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		to send and promptly receive mail that is unopened; and have access to stationery, postage, and writing implements at the resident's own expense.				
A1517	482.66(b)(1) (SWING BEDS)	The resident has the right and the facility must provide immediate access to any resident by any representative of the Secretary; subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.				
A1518	482.66(b)(1) (SWING BEDS)	The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.				
A1519	482.66(b)(1) (SWING BEDS)	The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.				
A1522	482.66(b)(2) (SWING BEDS)	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.				
A1523	482.66(b)(2) (SWING BEDS)	The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless: The transfer or discharge is necessary for the resident's welfare and the				

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		resident's needs cannot be met in the facility; The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; The safety of individuals in the facility is endangered; The health of individuals in the facility would otherwise be endangered; The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or The facility ceases to operate.				
A1524	482.66(b)(2) (SWING BEDS)	When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (a)(2)(i) through (v) of this section, the resident's clinical record must be documented. The documentation must be made by the resident's physician when transfer or discharge is necessary under paragraph (a)(2)(i) or paragraph (a)(2)(ii) of this section; and a physician when transfer or discharge is necessary under paragraph (a)(2)(iv) of this section.				
A1525	482.66(b)(2) (SWING BEDS)	Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.				

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A1526	482.66(b)(2) (SWING BEDS)	Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or discharge when: The safety of individuals in the facility would be endangered under paragraph (a)(2)(iii) of this section; or The health of individuals in the facility would be endangered, under paragraph (a)(2)(iv) of this section; or The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(ii) of this section; or An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(i) of this section; or A resident has not resided in the facility for 30 days.				
A1527	482.66(b)(2) (SWING BEDS)	The written notice specified in paragraph (a)(4) of this section must include the following: The reason for transfer or discharge; The effective date of transfer or discharge; The location to which the resident is transferred or discharged; A statement that the resident has the right to appeal the action to the State; The name, address and telephone number of the State long term care ombudsman; For nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and				

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		Bill of Rights Act; and For nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.				
A1528	482.66(b)(2) (SWING BEDS)	A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.				
A1531	482.66(b)(3) (SWING BEDS)	The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.				
A1532	482.66(b)(3) (SWING BEDS)	The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.				
A1533	482.66(b)(3) (SWING BEDS)	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.				
A1534	482.66(b)(3) (SWING BEDS)	The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; The facility must report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness				

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		for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.				
A1537	482.66(b)(4) (SWING BEDS)	The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, if applicable, by the State in which practicing; and is eligible for certification as a therapeutic recreation specialist or as an activities professional by				

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		a recognized accrediting body on or after October 1, 1990; or has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or is a qualified occupational therapist or occupational therapy assistant; or has completed a training course approved by the State.				
A1538	482.66(b)(5) (SWING BEDS)	The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. A facility with more than 120 beds must employ a qualified social worker on a full-time basis. A qualified social worker is an individual with a bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and one year of supervised social work experience in a health care setting working directly with individuals.				
A1541	482.66(b)(6) (SWING BEDS)	When the facility anticipates discharge a resident must have a discharge summary that includes a recapitulation of the resident's stay; a final summary of the resident's status to include items in paragraph (b)(2) of this section, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or legal representative; and a post-discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her				

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		new living environment.				
A1544	482.66(b)(7) (SWING BEDS)	If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.				
A1545	482.66(b)(7) (SWING BEDS)	Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.				
A1548	482.66(b)(8) (SWING BEDS)	The facility must assist residents in obtaining routine and 24-hour emergency dental care.				
A1549	482.66(b)(8) (SWING BEDS)	The facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; and may charge a Medicare resident an additional amount for routine and emergency dental services.				
A1550	482.66(b)(8) (SWING BEDS)	The facility must, if necessary, assist the resident in making appointments; by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist.				
A1551	482.66(b)(8) (SWING BEDS)	The facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine dental services (to the extent covered under the State plan); and emergency dental services				

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		to meet the needs of each resident.				
A1552	482.66(b)(8) (SWING BEDS)	The facility must, if necessary, assist the resident in making appointments; by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.				
A2400	489.20(l) EMTALA	The provider agrees, in the case of a hospital as defined in §489.24(b), to comply with §489.24.				
A2401	489.20(m) EMTALA	[The provider agrees,] in the case of a hospital as defined in §489.24(b), to report to CMS or the State survey agency any time it has reason to believe it may have received an individual who has been transferred in an unstable emergency medical condition from another hospital in violation of the requirements of §489.24(e).				
A2402	489.20(q) EMTALA	[The provider agrees,] in the case of a hospital as defined in §489.24(b), to post conspicuously in any emergency department or in a place or places likely to be noticed by all individuals entering the emergency department, as well as those individuals waiting for examination and treatment in areas other than traditional emergency departments (that is, entrance, admitting area, waiting room, treatment area) a sign (in a form specified by the Secretary) specifying the rights of individuals under section 1867 of the Act with respect to examination and treatment for emergency medical conditions and women in labor; and to post conspicuously (in a form specified by the Secretary) information indicating whether or not the hospital or rural primary care hospital (e.g.,				

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		critical access hospital) participates in the Medicaid program under a State plan approved under Title XIX.				
A2403	489.20(r)(1) EMTALA	[The provider agrees,] in the case of a hospital as defined in §489.24(b), (including both the transferring and receiving hospitals), to maintain medical and other records related to individuals transferred to or from the hospital for a period of 5 years from the date of the transfer.				
A2404	489.20(r)(2) and 489.24(j)(1-2) EMTALA	<p>§489.20(r)(2) [The hospital (including both the transferring and receiving hospitals), must maintain] a list of physicians who are on call for duty after the initial examination to provide further evaluation and/or treatment necessary to stabilize an individual with an emergency medical condition.</p> <p>§489.24(j)(1) Each hospital must maintain an on-call list of physicians on its medical staff in a manner that best meets the needs of the hospital's patients who are receiving services required under this section in accordance with the resources available to the hospital, including the availability of on-call physicians.</p> <p>§489.24(j)(2)(i) The hospital must have written policies and procedures in place to respond to situations in which a particular specialty is not available or the on-call physician cannot respond because of circumstances beyond the physician's control.</p>				

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		<p>§489.24(j)(2)(ii)                      The hospital must have written policies and procedures in place to provide that emergency services are available to meet the needs of patients with emergency medical conditions if it elects to permit on-call physicians to schedule elective surgery during the time that they are on call or to permit on-call physicians to have simultaneous on-call duties.</p>				
A2405	489.20(r)(3) EMTALA	<p>[The provider agrees,] in the case of a hospital as defined in §489.24(b) (including both the transferring and receiving hospitals), to maintain a central log on each individual who comes to the emergency department, as defined in §489.24(b), seeking assistance and whether he or she refused treatment, was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred, or discharged.</p>				
A2406	489.24(r) & 489.24(c) EMTALA	<p>Applicability of provisions of this section                      In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified</p>				

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		<p>by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction.</p> <p>If an emergency medical condition is determined to exist, the hospital must provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section.</p> <p>Sanctions under this section for inappropriate transfer during a national emergency do not apply to a hospital with a dedicated emergency department located in an emergency area, as specified in section 1135(g)(1) of the Act.</p> <p>Use of dedicated emergency department for non emergency services                      If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition.</p>				
A2407	489.24(d)(1-3)	Necessary stabilizing treatment for				

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	EMTALA	<p>emergency medical conditions -</p> <p>(1) General. Subject to the provisions of paragraph (d)(2) of this section, if any individual (whether or not eligible for Medicare benefits) comes to a hospital and the hospital determines that the individual has an emergency medical condition, the hospital must provide either, within the capabilities of the staff and facilities available at the hospital, for further medical examination and treatment as required to stabilize the medical condition; or for transfer of the individual to another medical facility in accordance with paragraph (e) of this section.</p> <p>(2) Exception: Application to inpatients.</p> <p>(i) If a hospital has screened an individual under paragraph (a) of this section and found the individual to have an emergency medical condition, and admits that individual as an inpatient in good faith in order to stabilize the emergency medical condition, the hospital has satisfied its special responsibilities under this section with respect to that individual</p> <p>(ii) This section is not applicable to an inpatient who was admitted for elective (nonemergency) diagnosis or treatment.</p> <p>(iii) A hospital is required by the conditions of participation for hospitals under Part 482 of this chapter to provide care to its inpatients in accordance with those conditions of participation.</p> <p>(3) Refusal to consent to treatment.</p> <p>A hospital meets the requirements of paragraph (d)(1)(i) of this section with</p>				

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		<p>respect to an individual if the hospital offers the individual the further medical examination and treatment described in that paragraph and informs the individual (or a person acting on the individual's behalf) of the risks and benefits to the individual of the examination and treatment, but the individual (or a person acting on the individual's behalf) does not consent to the examination or treatment. The medical record must contain a description of the examination, treatment, or both if applicable, that was refused by or on behalf of the individual. The hospital must take all reasonable steps to secure the individual's written informed refusal (or that of the person acting on his or her behalf). The written document should indicate that the person has been informed of the risks and benefits of the examination or treatment, or both.</p>				
A2408	489.24(d)(4-5) EMTALA	<p>A participating hospital may not delay providing an appropriate medical screening examination required under paragraph (a) of this section or further medical examination and treatment required under paragraph (d)(1) of this section in order to inquire about the individual's method of payment or insurance status.</p> <p>A participating hospital may not seek, or direct an individual to seek, authorization from the individual's insurance company for screening or stabilization services to be furnished by a hospital, physician, or nonphysician practitioner to an individual until after the hospital has provided the appropriate medical screening examination</p>				

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		<p>required under paragraph (a) of this section, and initiated any further medical examination and treatment that may be required to stabilize the emergency medical condition under paragraph (d)(1) of this section.</p> <p>An emergency physician or nonphysician practitioner is not precluded from contacting the individual's physician at any time to seek advice regarding the individual's medical history and needs that may be relevant to the medical treatment and screening of the patient, as long as this consultation does not inappropriately delay services required under paragraph (a) or paragraphs (d)(1) and (d)(2) of this section.</p> <p>Hospitals may follow reasonable registration processes for individuals for whom examination or treatment is required by this section, including asking whether an individual is insured and, if so, what that insurance is, as long as that inquiry does not delay screening or treatment. Reasonable registration processes may not unduly discourage individuals from remaining for further evaluation.</p> <p>A hospital meets the requirements of paragraph (d)(1)(ii) of this section with respect to an individual if the hospital offers to transfer the individual to another medical facility in accordance with paragraph (e) of this section and informs the individual (or a person acting on his or her behalf) of the risks and benefits to the individual of the transfer, but the individual (or a person</p>				

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		<p>acting on the individual's behalf) does not consent to the transfer. The hospital must take all reasonable steps to secure the individual's written informed refusal (or that of a person acting on his or her behalf). The written document must indicate the person has been informed of the risks and benefits of the transfer and state the reasons for the individual's refusal. The medical record must contain a description of the proposed transfer that was refused by or on behalf of the individual.</p>				
A2409	489.24(e)(1) – (2) EMTALA	<p>1) General If an individual at a hospital has an emergency medical condition that has not been stabilized (as defined in paragraph (b) of this section), the hospital may not transfer the individual unless the transfer is an appropriate transfer (within the meaning of paragraph (e)(2) of this section); and the individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer.</p> <p>The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer.</p> <p>A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the</p>				

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		<p>individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based. Or, if a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its bylaws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based.</p> <p>A transfer to another medical facility will be appropriate only in those cases in which the transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child and the receiving facility has available space and qualified personnel for the treatment of the individual and has agreed to accept transfer of the individual and to provide appropriate medical treatment.</p> <p>The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has</p>				

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		presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required under paragraph (e)(1)(ii) of this section, and the name and address of any on-call physician (described in paragraph (g) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer and the transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.				
A2410	489.24(e)(3) EMTALA	A participating hospital may not penalize or take adverse action against a physician or a qualified medical person described in paragraph (e)(1)(ii)(C) of this section because the physician or qualified medical person refuses to authorize the transfer of an individual with an emergency medical condition that has not been stabilized, or against any hospital employee because the employee reports a violation of a requirement of this section.				
A2411	489.24(f) EMTALA	A participating hospital that has specialized capabilities or facilities (including, but not				

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		limited to, facilities such as burn units, shock-trauma units, neonatal intensive care units, or (with respect to rural areas) regional referral centers, which, for purposes of this subpart, means hospitals meeting the requirements of referral centers found at §412.96 of this chapter) may not refuse to accept from a referring hospital within the boundaries of the United States an appropriate transfer of an individual who requires such specialized capabilities or facilities if the receiving hospital has the capacity to treat the individual. This requirement applies to any participating hospital with specialized capabilities, regardless of whether the hospital has a dedicated emergency department.				