

**EXHIBIT 288**

**SURVEYOR WORKSHEET FOR SWING-BEDS**

Medicare Provider Number	Vendor Number	Facility Name and Address
Survey Date (A1)		_____
Type of Survey (circle) <input type="checkbox"/> Initial <input type="checkbox"/> Complaint <input type="checkbox"/> Recertification <input type="checkbox"/> Sample Validation <input type="checkbox"/> Follow-up <input type="checkbox"/> Other		_____ _____ _____ _____ STATE _____ ZIP CODE _____
Surveyor / Title		Surveyor / Title
Surveyor / Title		Surveyor / Title
Surveyor / Title		Surveyor / Title
Survey Team Composition (A2 Indicate the Number of Surveyors According to Discipline)  <input type="checkbox"/> A. Administrator <input type="checkbox"/> B. Nurse <input type="checkbox"/> C. Dietician <input type="checkbox"/> D. Pharmacist <input type="checkbox"/> E. Records Administrator <input type="checkbox"/> F. Social Worker <input type="checkbox"/> G. Qualified Mental Retardation Professional  A3 Indicate the Total Number of Surveyors On-Site: _____		<input type="checkbox"/> H. Life Safety Code Specialist <input type="checkbox"/> I. Laboratorian <input type="checkbox"/> J. Sanitarian <input type="checkbox"/> K. Therapist <input type="checkbox"/> L. Physician <input type="checkbox"/> M. Psychologist <input type="checkbox"/> N. Other

**Name of Facility:**

Hospital	CAH	REGULATION	Met	Not Met	N/A	COMMENTS
A1508	C361	<p><b><u>§483.10 Resident rights</u></b></p> <p>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 each of the following rights:</p> <p><u>(b) Notice of rights and services.</u></p> <p>(3) The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition;</p>				
A1509	C362	<p>§483.10(b)(4) 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; and</p>				
A1510	C363	<p>§483.10(b)(5) The facility must--</p> <p>(i) 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--</p> <p>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;</p> <p>(B) 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</p> <p>(ii) Inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>(6) 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.</p>				
A1511	C364	<p><u>§483.10(d) Free choice.</u> The resident has the right to--</p> <p>(1) Choose a personal attending physician;</p>				
A1512	C365	<p>§483.10(d)(2) 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; and</p>				
A1513	C366	<p>§483.10(d)(3) Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.</p>				

**Name of Facility:**

Hospital	CAH	REGULATION	Met	Not Met	N/A	COMMENTS
A1514	C367	<p><u>§483.10(e) Privacy and confidentiality.</u> The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>(1) 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;</p> <p>(2) 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;</p> <p>(3) The resident's right to refuse release of personal and clinical records does not apply when--</p> <p>(i) The resident is transferred to another health care institution; or</p> <p>(ii) Record release is required by law.</p>				
A1515	C368	<p><u>§483.10(h) Work.</u> The resident has the right to--</p> <p>(1) Refuse to perform services for the facility;</p> <p>(2) Perform services for the facility, if he or she chooses, when--</p> <p>(i) The facility has documented the need or desire for work in the plan of care;</p> <p>(ii) The plan specifies the nature of the services performed and whether the services are voluntary or paid;</p> <p>(iii) Compensation for paid services is at or above prevailing rates; and</p> <p>(iv) The resident agrees to the work arrangement described in the plan of care.</p>				
A1516	C369	<p><u>§483.10(i) Mail.</u> The resident has the right to privacy in written communications, including the right to--</p> <p>(1) Send and promptly receive mail that is unopened; and</p> <p>(2) Have access to stationery, postage, and writing implements at the resident's own expense.</p>				
A1517	C370	<p><u>§483.10(j) Access and visitation rights.</u></p> <p>(1) The resident has the right and the facility must provide immediate access to any resident by the following:</p> <p>(vii) Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and</p> <p>(viii) 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.</p>				
A1518	C371	<p><u>§483.10(l) Personal property.</u> 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.</p>				

**Name of Facility:**

Hospital	CAH	REGULATION	Met	Not Met	N/A	COMMENTS
A1519	C372	<u>§483.10(m) Married couples.</u> 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	C373	<u>§483.12 Admission, transfer and discharge rights.</u> <u>(a) Transfer and discharge--</u>  (1) <u>Definition:</u> 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	C374	<u>§483.12(a)(2) Transfer and discharge requirements.</u> The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless--  (i) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;  (ii) 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;  (iii) The safety of individuals in the facility is endangered;  (iv) The health of individuals in the facility would otherwise be endangered;  (v) 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  (vi) The facility ceases to operate.				
A1524	C376	<u>§483.12(a)(3) Documentation.</u> 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--  (i) The resident's physician when transfer or discharge is necessary under paragraph (a)(2)(i) or paragraph (a)(2)(ii) of this section; and  (ii) A physician when transfer or discharge is necessary under paragraph (a)(2)(iv) of this section.				
A1525	C377	<u>§483.12(a)(4) Notice before transfer.</u> Before a facility transfers or discharges a resident, the facility must--  (i) 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.  (ii) Record the reasons in the resident's clinical record; and  (iii) Include in the notice the items described in paragraph (a)(6) of this section.				

**Name of Facility:**

Hospital	CAH	REGULATION	Met	Not Met	N/A	COMMENTS
A1526	C378	<p>§483.12(a)(5) <u>Timing of the notice.</u></p> <p>(i) 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.</p> <p>(ii) Notice may be made as soon as practicable before transfer or discharge when--</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (a)(2)(iii) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (a)(2)(iv) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(ii) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(i) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p>				
A1527	C379	<p>§483.12(a)(6) <u>Contents of the notice.</u> The written notice specified in paragraph (a)(4) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement that the resident has the right to appeal the action to the State;</p> <p>(v) The name, address and telephone number of the State long term care ombudsman;</p> <p>(vi) 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 Bill of Rights Act; and</p> <p>(vii) 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.</p>				
A1528	C380	<p>§483.12(a)(7) <u>Orientation for transfer or discharge.</u> A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.</p>				
A1531	C381	<p><b>§483.13 Resident behavior and facility practices.</b></p> <p>§483.13(a) <u>Restraints.</u> 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.</p>				

**Name of Facility:**

Hospital	CAH	REGULATION	Met	Not Met	N/A	COMMENTS
A1532	C382	<p>§483.13(b) Abuse. The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p>				
A1533	C383	<p>§483.13(c) Staff treatment of residents. The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>(1) The facility must—</p> <p>(i) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;</p>				
A1534	C384	<p>§483.13(c)(1)(ii) Not employ individuals who have been--</p> <p>(A) Found guilty of abusing, neglecting, or mistreating residents by a court of law; or</p> <p>(B) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and</p> <p>(iii) Report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>(2) 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).</p> <p>(3) The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>(4) 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.</p>				

**Name of Facility:**

Hospital	CAH	REGULATION	Met	Not Met	N/A	COMMENTS
A1537	C385	<p><b>§483.15 Condition of Participation: Quality of life.</b> A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.</p> <p><u>(f) Activities.</u></p> <p>(1) 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.</p> <p>(2) The activities program must be directed by a qualified professional who--</p> <p>(i) Is a qualified therapeutic recreation specialist or an activities professional who--</p> <p>(A) Is licensed or registered, if applicable, by the State in which practicing; and</p> <p>(B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or</p> <p>(ii) 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</p> <p>(iii) Is a qualified occupational therapist or occupational therapy assistant; or</p> <p>(iv) Has completed a training course approved by the State.</p>				
A1538	C386	<p><u>§483.15(g) Social Services.</u></p> <p>(1) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>(2) A facility with more than 120 beds must employ a qualified social worker on a full-time basis.</p> <p>(3) <u>Qualifications of social worker.</u> A qualified social worker is an individual with--</p> <p>(i) 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</p> <p>(ii) One year of supervised social work experience in a health care setting working directly with individuals.</p>				

**Name of Facility:**

Hospital	CAH	REGULATION	Met	Not Met	N/A	COMMENTS
N/A	C388	<p><b><u>§483.20 Condition of Participation: Resident assessment.</u></b></p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity.</p> <p><u>(b) Comprehensive assessment.</u></p> <p>(1) <u>Resident assessment instrument.</u> A facility must make a comprehensive assessment of a resident's needs. The assessment must include at least the following:</p> <ul style="list-style-type: none"> <li>(i) Identification and demographic information.</li> <li>(ii) Customary routine.</li> <li>(iii) Cognitive patterns.</li> <li>(iv) Communication.</li> <li>(v) Vision.</li> <li>(vi) Mood and behavior patterns.</li> <li>(vii) Psychosocial well-being.</li> <li>(viii) Physical functioning and structural problems.</li> <li>(ix) Continence.</li> <li>(x) Disease diagnoses and health conditions.</li> <li>(xi) Dental and nutritional status.</li> <li>(xii) Skin condition.</li> <li>(xiii) Activity pursuit.</li> <li>(xiv) Medications.</li> <li>(xv) Special treatments and procedures.</li> <li>(xvi) Discharge potential.</li> <li>(xvii) Documentation of summary information regarding the additional assessment performed through the resident assessment protocols.</li> <li>(xviii) Documentation of participation in assessment.</li> </ul> <p>The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts.</p>				
N/A	C389	<p><u>§483.20(b)(2) When required.</u> Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs.</p> <p>(i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.)</p>				
N/A	C390	<p><u>§483.20(2)(ii)</u> Within 14 calendar days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purposes of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires inter-disciplinary review or revision of the care plan, or both.)</p> <p>(iii) Not less often than once every 12 months.</p>				



**Name of Facility:**

Hospital	CAH	REGULATION	Met	Not Met	N/A	COMMENTS
N/A	C395	<p><u>§483.20(k) Comprehensive care plans.</u></p> <p>(1) The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the following--</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and</p> <p>(ii) Any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p>				
N/A	C396	<p>§483.20(k)(2) A comprehensive care plan must be--</p> <p>(i) Developed within 7 days after the completion of the comprehensive assessment;</p> <p>(ii) Prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and</p> <p>(iii) Periodically reviewed and revised by a team of qualified persons after each assessment.</p>				
N/A	C397	<p>§483.20(k)(3) The services provided or arranged by the facility must--</p> <p>(i) Meet professional standards of quality; and</p>				
N/A	C398	<p>§483.20(k)(3)(ii) Be provided by qualified persons in accordance with each resident's written plan of care.</p>				
A1541	C399	<p><u>§483.20(l) Discharge summary.</u></p> <p>When the facility anticipates discharge a resident must have a discharge summary that includes--</p> <p>(1) A recapitulation of the resident's stay;</p> <p>(2) 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</p> <p>(3) 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 new living environment.</p>				

**Name of Facility:**

Hospital	CAH	REGULATION	Met	Not Met	N/A	COMMENTS
N/A	C400	<p><b>§483.25(i) Nutrition.</b></p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident--</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p>				
N/A	C401	(2) Receives a therapeutic diet when there is a nutritional problem.				
A1544	C402	<p><b>§483.45 Specialized rehabilitative services.</b></p> <p>(a) Provision of services.</p> <p>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--</p> <p>(1) Provide the required services; or</p> <p>(2) Obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p>				
A1545	C403	<p><b>§483.45(b) Qualifications.</b></p> <p>Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.</p>				
A1548	C404	<p><b>§483.55 Dental services.</b></p> <p>The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p>				
A1549	C405	<p><b>§483.55(a) Skilled nursing facilities.</b> A facility</p> <p>(1) 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;</p> <p>(2) May charge a Medicare resident an additional amount for routine and emergency dental services;</p>				

Tags A549, A550 and C405, C406 apply to **Medicare** reimbursement

**Name of Facility:**

Hospital	CAH	REGULATION	Met	Not Met	N/A	COMMENTS
A1550	C406	§483.55(a)(3) Must if necessary, assist the resident-- (i) In making appointments; and (ii) By arranging for transportation to and from the dentist's office; and (4) Promptly refer residents with lost or damaged dentures to a dentist.				Tags A551, A552 and C407, C408 apply to <b>Medicaid</b> Reimbursement
A1551	C407	<u>§483.55(b) Nursing facilities.</u> The facility (1) Must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii)Emergency dental services;				
A1552	C408	§483.55(b)(2) Must, if necessary, assist the resident-- (i) In making appointments; and (ii) By arranging for transportation to and from the dentist's office; and (3) Must promptly refer residents with lost or damaged dentures to a dentist.				