CMS Manual System

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Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 239 **Date: April 24, 2026**

SUBJECT: Revisions to the State Operations Manual (SOM) Appendix U - Religious Nonmedical Healthcare Institutions

I. SUMMARY OF CHANGES: This Transmittal includes revisions based on federal regulation changes via (CMS–3346–F) and is a follow up to memo QSO 20-07 released on December 20, 2019. The revisions also include additional clarifications and updates on survey procedures for the current provisions. CMS has restructured Appendix U guidance following the format of many CMS appendices for acute and continuing care providers, for ease of surveyor review.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 24, 2026
IMPLEMENTATION DATE: April 24, 2026

The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)
(R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix U/Index
R	Appendix U/I – General Information
R	Appendix U/II - Survey/Resurvey
R	Appendix U/Task 4- Information Gathering
R	Appendix U/R94
R	Appendix U/R95
R	Appendix U/R96
R	Appendix U/R97
R	Appendix U/R98
R	Appendix U/R99
R	Appendix U/R100
R	Appendix U/R101
R	Appendix U/R102
R	Appendix U/R103
R	Appendix U/R104
R	Appendix U/R105

R	Appendix U/R106
R	Appendix U/R107
R	Appendix U/R108
R	Appendix U/R109
R	Appendix U/R110
R	Appendix U/R111
R	Appendix U/R112
R	Appendix U/R113
R	Appendix U/R114
R	Appendix U/R125
R	Appendix U/R126
R	Appendix U/R127
R	Appendix U/R128
R	Appendix U/R129
R	Appendix U/R130
R	Appendix U/R131
R	Appendix U/R140
R	Appendix U/R141
R	Appendix U/R142
R	Appendix U/R143
R	Appendix U/R144
R	Appendix U/R145
R	Appendix U/R150
R	Appendix U/R151
D	Appendix U/R152
R	Appendix U/R153
R	Appendix U/R154
R	Appendix U/R161
R	Appendix U/R162
R	Appendix U/R175
R	Appendix U/R176
R	Appendix U/R177
R	Appendix U/R178
R	Appendix U/R179
R	Appendix U/R180
R	Appendix U/R181
R	Appendix U/R182
R	Appendix U/R183
R	Appendix U/R184
R	Appendix U/R190
R	Appendix U/R191
R	Appendix U/R192
R	Appendix U/R193
R	Appendix U/R194
R	Appendix U/R200

R	Appendix U/R202
R	Appendix U/R203
R	Appendix U/R206
R	Appendix U/R207
R	Appendix U/R208
R	Appendix U/R209
R	Appendix U/R210
R	Appendix U/R211
R	Appendix U/R212
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R	Appendix U/R214
R	Appendix U/R215
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R	Appendix U/R224
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R	Appendix U/R227
R	Appendix U/R228
R	Appendix U/R229
R	Appendix U/R230
R	Appendix U/R231
R	Appendix U/R232
R	Appendix U/R234
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N	Appendix U/Cross reference to Appendix Z- E-Tags

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2021 operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	**Manual Instruction**
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

State Operations Manual
Appendix U - Survey Procedures and Interpretive Guidelines for Responsibilities of Medicare Participating Religious Nonmedical Healthcare Institutions

Table of Contents
(Rev. 239; Issued: 04-24-26)

Transmittals for Appendix U

I – General Information

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

Section 4454 of the Balanced Budget Act of 1997 (BBA'97, Public Law No. 105-33, enacted August 5, 1997) deletes statutory references to Christian Science Sanatoria and amended the following sections of the Social Security Act (the Act): §§1821, 1861(e), (y) and (ss), 1869, and 1878 (Medicare provisions); 1902(a) and 1908(e)(1) (Medicaid provisions); and §1122(h) and §1162 (conforming provisions). Additionally, §4454 provides for coverage of inpatient services furnished in qualified religious nonmedical health care institutions (RNHCIs) under Medicare and as a State Plan option under Medicaid. The new amendments make it possible for RNHCIs meeting the defining criteria in §4454 of BBA'97 or §1861(ss)(1), to participate in the Medicare and/or Medicaid program. The RNHCI provider is responsible for meeting both Conditions of Coverage and Conditions of Participation to qualify as a Medicare provider and that portion of the Conditions of Coverage that define an RNHCI and the Conditions of Participation to qualify as a Medicaid provider.

The *Survey & Operations Group (SOG)* has the primary responsibility for the approval and certification process to ensure and verify that the RNHCI conforms to specific Conditions of Coverage and all of the Conditions of Participation. An RNHCI is a provider that meets the definition as described in §1861(ss)(1) of the Act and meets the following qualifying Medicare Conditions of Coverage provisions (§403.720). To qualify as a Medicare or Medicaid RNHCI an institution must meet all ten of the following requirements:

1. Is described in subsection (c)(3) of §501 of the Internal Revenue Code of 1986 and is exempt from taxes under subsection 501(a);

2. Is lawfully operated under all applicable Federal, State, and local laws and regulations;

3. Furnishes only nonmedical nursing items and services to beneficiaries who choose to rely solely upon a religious method of healing, and for whom the acceptance of medical services would be inconsistent with their religious beliefs. (**NOTE**: Religious components of the healing are not covered);

4. Furnishes nonmedical items and services exclusively through nonmedical nursing personnel who are experienced in caring for the physical needs of nonmedical patients. For example, caring for the physical needs such as assistance with activities of daily living; assistance in moving, positioning, and ambulation; nutritional needs; and comfort and support measures;

5. Furnishes nonmedical items and services to inpatients on a 24-hour basis;

6. Does not furnish, on the basis of religious beliefs, through its personnel or otherwise, medical items and services (including any medical screening, examination, diagnosis, prognosis, treatment, or the administration of drugs) for its patients;

7. Is not owned by, under common ownership with, or has an ownership interest of 5 percent or more in, a provider of medical treatment or services and is not affiliated with a provider of medical treatment or services or with an individual who has an ownership interest of 5 percent or more in a provider of medical treatment or services (permissible affiliations are described in §403.738(c));

8. Has in effect a utilization review plan that meets the requirements of §403.720(a)(8);

9. Provides information CMS may require to implement §1821 of the Act, including information relating to quality of care and coverage determinations; and

10. Meets other requirements CMS finds necessary in the interest of the health and safety of the patients who receive services in the institution.

A - Other Medicare Conditions of Coverage

The remaining Conditions of Coverage are specific to Medicare; however, a State may elect to employ any or of all these requirements within their optional Medicaid State plan amendment.

B - Valid Election Requirements

The regulations at §403.724, present the elements necessary for a Medicare beneficiary to complete an election to receive care in an RNHCI. The *Survey & Operations Group* determines whether or not the RNHCI has adequately ensured that the Medicare beneficiary's valid election statement has been included with the RNHCI's administrative records and/or patient care records.

NOTE - The facility is to provide the fiscal intermediary the original of the election statement that will be used for each Medicare beneficiary in the RNHCI and retain a copy in its files.

The provisions for valid elections include the following general requirements:

- The election statement must be made by the Medicare beneficiary or by his or her legal representative. It must include written statements that:
    - The beneficiary is conscientiously opposed to acceptance of nonexcepted medical treatment;
    - The beneficiary acknowledges that acceptance is inconsistent with his or her sincere religious beliefs;
    - The beneficiary acknowledges that receipt of nonexcepted medical care constitutes a revocation of the election and may limit further receipt of services in an RNHCI;

- The beneficiary acknowledges that the election may be revoked by submitting a written statement to CMS; and

- The beneficiary acknowledges that the revocation will not prevent or delay access to medical services available under Medicare Part A in other types of facilities.

A valid election must also:

- Be signed and dated by the beneficiary or by his or her legal representative, not prior to reaching Medicare eligibility and beneficiary status;

- Be notarized;

- Include any other information obtained regarding prior elections or revocations.

A beneficiary's election is revoked by one of the following:

- The beneficiary receives nonexcepted medical treatment for which Medicare payment is made;
  or

- The beneficiary voluntarily revokes the election and notifies CMS in writing.

NOTE - Excepted" and "nonexcepted" medical care are defined in §403.702. The receipt of excepted medical care or treatment as defined in §403.702 does not revoke the election made by a beneficiary.

The beneficiary's ability to elect is limited once the election has been made and revoked twice (see §403.724(c)).

C- Terms and Definitions

For the purposes of this Appendix and in accordance with §403.702, the following definitions and terms apply:

Election *means a written statement signed by the beneficiary or the beneficiary's legal representative indicating the beneficiary's choice to receive nonmedical care or treatment for religious reasons.*

Excepted medical care *means medical care that is received involuntarily or required under Federal, State, or local laws.*

FFY *stands for Federal fiscal year.*

Medical care or treatment *means health care furnished by or under the direction of a licensed physician that can involve diagnosing, treating, or preventing disease and other damage to the*

mind and body. It may involve the use of pharmaceuticals, diet, exercise, surgical intervention, and technical procedures.

Nonexcepted medical care *means medical care that is sought by or for a beneficiary who has elected religious nonmedical health care institution services.*

Religious nonmedical care or religious method of healing *means health care furnished under established religious tenets that prohibit conventional or unconventional medical care for the treatment of a beneficiary, and the sole reliance on these religious tenets to fulfill a beneficiary's total health care needs.*

RNHCI *stands for "religious nonmedical health care institution," as defined in section 1861(ss)(1) of the Act.*

Religious nonmedical nursing personnel *means individuals who are grounded in the religious beliefs of the RNHCI, trained and experienced in the principles of nonmedical care, and formally recognized as competent in the administration of care within their religious nonmedical health care group.*

II - Survey/Resurvey

Task 1 - Presurvey Preparation

The *surveyor* reviews various documents of record and various sources of information available about the facility. Presurvey preparation is useful in identifying questions and concerns related to the Conditions of Coverage, Conditions of Participation, and in determining composition of the survey team and the time required to perform a survey/resurvey. *Since these are nonmedical facilities, there is a wide range in how States view or consider them. Prior to going onsite, find out if the given State licenses or monitors the facilities.*

Presurvey preparation includes reviewing such information as:

- Current IRS religious not-for-profit status;
- Provider information on file;
- Applicable State and local laws, particularly as they relate to licensure and monitoring of operations;
- *Previous Survey & Operations group survey data;*
- Form CMS-855 and Form CMS-1513 (for Medicaid only facilities);
- Other elements of the Conditions of Coverage, to be sure the provider is meeting the definition of a RNHCI before starting the onsite visit;

- Licensure records;
- Fire inspection reports;
- Complaints; and
- Previous survey reports including Life Safety Code (LSC).

Task 2 – Entrance Conference

Upon entering the facility, the surveyor introduces him/herself to the authorized representative (governing body, administrator) to outline the survey plan and to talk with other staff/personnel to obtain information. Indicate that the surveyor(s) will be looking at both Conditions of Coverage and Conditions of Participation.

The authorized representative is considered as the key contact person in the facility. The surveyor interviews the authorized representative first. There are elements related to each condition that the surveyor may need to discuss with the authorized representative. He/she will be able to direct the surveyor to other staff to interview relative to specific standards and other requirements. However, contacts are not limited solely to the authorized representative. Even if the authorized representative feels that he/she can answer most of the questions, the facts must be verified through record reviews, other source documents and interviews. The investigation must be complete enough to document whether the CMS requirements are met and the provider is in compliance with the related condition(s).

Inform the authorized representative that there will be interviews with staff, patients, family members, friends, and legal representative. Convey that these interviews are conducted privately, unless the interviewee requests the presence of another person. Ask the authorized representative to ensure that there are times during the survey when patients can contact the surveyor without facility staff being present. Have the facility provide the following items immediately:

- The facility's roster showing patients' names, gender, age, length of stay, utilization review plan, discharge, and/or transfer with destinations of each patient. Also indicate patients who communicate with non-oral communication devices, sign language, or who speak a language other than the dominant language of the facility;
- Names of key facility personnel, their title(s), and a description of their responsibilities associated with patient care/services, such as administrator, director, nursing staff, volunteers, food service supervisor, plant engineer, housekeeping supervisor, governing body personnel, and persons responsible for quality assessment;
- A copy of the written information on file that is provided to patients regarding their rights and election statements;

- A description of and the hours of operation for food services and housekeeping;
- A copy of the facility admission contract(s) for all patients regarding Medicare, Medicaid, and other payment sources;
- Identification of any transfer or discharge that is planned (not yet completed);
- Records or reports of abuse/accident/incident;
- A copy of the actual **working schedules** for all staff for the days of survey;
- A description/copy of meals times, dining location, copies of all menus; and
- Any new information or changes that have occurred from the preparation time to the actual time of the survey occurrence.

During the introductory meeting with the authorized representative, the surveyor alerts him/her that if the facility is planning to record the exit conference, a copy of the *electronic recording* must be made available to the surveyor(s) at the conclusion of the conference. A surveyor(s) should not accept a promise that a copy of the *electronic recording* will be mailed at a later date.

Task 3 - Tour of the Facility

The authorized representative informs staff that the surveyor will be communicating with them throughout the survey and will ask for facility assistance when needed. Staff are advised that they have the opportunity to provide surveyors with any information that would clarify any issue. The authorized representative or staff/personnel should take the surveyor(s) on a tour of the facility. This will allow facility staff sufficient time to gather the information requested during the Entrance Conference. The purpose of the facility tour is two-fold. First, it gives the surveyor(s) their first understanding of the layout of the facility and the location of different areas that will be investigated during the survey. Second, it is a good opportunity to make notes concerning the environment or atmosphere of the facility as a whole and how the patients and staff function within it.

Task 4 -Information Gathering

Information gathering techniques include **observation, interviews, and record review** as critical components of making decisions as to whether the RNHCI has met requirements. The objective is to provide the surveyor with enough information about the facility, patients, staff, and environmental conditions to make compliance decisions. These techniques are interrelated and may often be performed concurrently. *The below sections A through J provide the general guidance for surveyors related to the RNHCI's conditions for coverage. Surveyors should use the interpretive guidance for greater understanding of the standards. The survey procedures under each standard provides additional insight into how to survey the requirement.*

CORE SURVEY PROCES:

To determine compliance with the RNHCI requirements, surveyors will use a core survey process to evaluate regulatory provisions. Surveyors should focus their attention on evaluating compliance to the requirements listed below. These four areas should be the surveyor's priority during surveys. If there are concerns or findings of noncompliance during any part of this review, surveyors must expand their review to additional areas related to the findings.

- *§403.730: Patient Rights*
    - *If the surveyor determines noncompliance in assessing Patient Rights, expand review to §403.740: Staffing.*
- *§403.732: Quality Assessment and Performance Improvement*
    - *If the surveyor determines noncompliance in assessing QAPI, expand review to §403.738: Administration to assess the RNHCI's operations.*
- *§403.736: Discharge Planning*
    - *If the surveyor determines noncompliance in assessing Discharge Planning, expand review to §403.740: Staffing and §403.724 Valid Election Requirements*
- *§403.748: Emergency preparedness.*
    - *If the surveyor determines noncompliance or concerns during the building tour or with Emergency Preparedness, the surveyor should expand to review §403.744 Life Safety From Fire.*
- *§403.742: Physical Environment.*
    - *If the surveyor determines noncompliance or concerns during the building tour or with the Physical Environment, the surveyor should expand to review §403.734: Food Services and §403.744 Life Safety From Fire.*

Surveyors are expected to use critical thinking and the investigative processes to determine compliance with the requirements. RNHCIs are expected to meet the requirements at all times and surveyors reserve the right to survey for all Medicare conditions during an initial and any subsequent surveys after an initial approval.

A - §403.720(a) Conditions for Coverage (Medicare and Medicaid)

Building on information obtained by review of documents and interview with staff/personnel, determine if all ten critical conditions in this section are met in order for the facility to meet the RNHCI definition.

B - §403.720(b) Conditions for Coverage (Medicare only)

Surveyors review election documents for: all of the elements required; beneficiary's or his/her legal representative's signature, valid notarization; and dated on or before the date of admission to the RNHCI (see §403.724).

C - §403.730 Patient Rights

Surveyors conduct interview of patients, family members, or visitors in order to assess his/her understanding and staffs' knowledge of and involvement in:

- Patients' rights process of being informed before furnishing care to the patients, election process, prompt resolution of grievance process;
- Participation in the development and implementation of the plan of care in a safe setting;
- Formulation of advance directives;
- Freedom from verbal, psychological and physical abuse and misappropriation of property; and freedom from the use of restraints; and
- Confidentiality of records and disclosure.

The interviews provide information about the relationship between staff and patients that will assist you in deciding what additional observations and record information are necessary.

Surveyors must observe the facility environment to determine the relationship between the patient needs and preferences, determine what staff do with and for the patient throughout the day or evening, and to assess whether the physical features of the environment endangers a patient's, visitor's, or staff's safety and well-being.

Review patient's records to ensure proper documentation of patient rights. Review facility policies and procedures regarding how the facility is addressing complaints, misappropriation of property, and confidentiality of records. Conduct a detailed review of individual patient's records for what you need, not the whole record.

D - §403.732 Quality Assessment and Performance Improvement

Surveyors are to conduct interviews of staff to assess staffs' knowledge, understanding and involvement in the facility's quality assessment program and the extent to which it measures, analyzes, tracks and improves, performance. Surveyors must keep focused on the fact that the RNHCI is a nonmedical model and will not use diagnosis, laboratory findings, medical/surgical procedures or therapies as part of quality assessment and performance improvement.

Surveyors are to observe staff as they address identified priorities put in place by the governing body in all program departments, functions and contracted services performed.

Surveyors must review facility policies, procedures, staff training programs, and where adverse outcome is identified and indications of action taken.

E - §403.734 Food Services

Surveyors must interview patients, religious nonmedical nursing staff, kitchen staff, and housekeeping staff on aspects of food services.

Surveyors observe the facility's food storage, preparation, and distribution of food served. Appearance of kitchen staff and kitchen environment is important. Note whether food substitutes are available.

Surveyors review policy and procedures for kitchen and housekeeping procedures.

F - §403.740 Staffing

Surveyor observations are important in determining what relationship exists between the staff and patient. As a result of any observation, the surveyor should be able to determine:

- Whether the RNHCI attempts to find out what patients need;
- How needs are assessed, care is delivered and if care modifications are incorporated as appropriate; and
- Whether effective interaction occurs between staff and patients.
- Determine from observations of RNHCI staff if staff communicates with each patient in a manner understandable to that patient, and others. In the absence of finding appropriate interaction between staff and patients during observations, it may be necessary to determine whether or not staff members are knowledgeable about patient care needs and services. If possible, interview the particular staff member following the interval in which the patient was observed. Interviews are intended to:
    - Provide staff the opportunity to give what they believe is pertinent information, and to determine how the patient perceives the services delivered by the RNHCI; and
    - Collect and clarify information gathered during observations.

RNHCI personnel should collectively provide care services that maintain or improve the patient's quality of care and are as error-free as possible. Staff members will bring different knowledge and experience to the patient care services team.

Based on staff interviews, determine the extent family, guardians or advocates are involved with the patient. Some of these individuals may be selected for more in-depth interview. Include staff or patients who use alternate means of communication, such as sign language. Interviews of staff members will include persons involved with direct and indirect patient services (e.g. admission, discharge planning *and instructions*, religious nonmedical nursing personnel, food services, etc.). If the person responsible for a specific service is not available, a designee may be interviewed. Early in the survey process identify which individuals may be interviewed. Interview staff about training and supervision along with administrative areas. Find out about roles and responsibilities.

Interview questions are open ended to allow for more complete responses that will assist the surveyor in determining whether the RNHCI has staff that are qualified and experienced to meet patients' needs (see §493.740).

The record review is intended to:

- Obtain information to direct initial and/or additional observations and interviews;

- Provide the surveyor a picture of the current status of the RNHCI's operations and care services provided to patients; and

- Assist the surveyor in evaluating assessments and care plans.

Review the personnel records. Record review will include a review of work experience, as well as staff health and training.

The religious aspects of care are the financial responsibility of the patient.

NOTE - Use the record review to obtain information necessary to validate and/or clarify (existing and modified) information obtained through offsite pre-survey and/or onsite observation and interviews.

G - §403.742 Physical Environment

The objective is to view all patient, staff and public areas of the facility to ensure a safe physical plant and overall environment. The RNHCI facility must be toured as a whole, even areas not specifically for patient use. This is to ensure that there are adequate and properly maintained emergency systems, fire detection alarm and extinguishing systems. Procedures should be in place for proper storage, disposal of trash, proper ventilation, lights, and temperature controls. In addition, a written disaster plan to address loss of power, water, sewer, facilities emergency gas and water supply, and effective pest control should be evident.

H - §403.744 Life Safety Code

The objective is to use collective onsite observations and interviews with RNHCI staff/ patients as a mechanism to report any questionable information that should be noted and referred to the

Life Safety Code inspector. Surveyors should keep routine Life Safety Code requirements in mind when conducting their investigation of the physical environment of the facility.

I - §403.746 Utilization Review (UR)

The objective is to determine from surveyor observation, interview, and record review that the RNHCI has a utilization review plan (and other documentation) to determine the needs and appropriateness of those services furnished by the RNHCI staff to patients.

Record review establishes whether the RNHCI has in effect a utilization review plan:

- *With the* approval of *utilization review plan by the* governing body;
- Conducted by a committee that maintains a system of records on deliberations and decisions;
- Reviewing the necessity of inpatient admission and continued stay for all patients who are eligible for benefits under Medicare Part A or Medicaid;
- Providing written notification of a recommendation to all involved parties on a timely basis, and
- Administered by a committee which is composed of at least the following members:

  (a) The governing body;

  (b) Administrator or other individual responsible for the oversight of the RNHCI;

  (c) The supervisor of religious non-medical nursing staff; and

  (d) Other staff as appropriate.

Review the minutes of the UR committee to verify that they include:

- Dates of meetings and names of members in attendance;
- Efficient use of available resources;
- Number of extended stay reviews approved since the last meeting with reasons for all recommendations for or against; and
- Status report on any action taken.

J - §403.748 Emergency Preparedness

The objective is to use interviews with facility leaders and staff, as well as document review, to ensure the RNHCI has an emergency preparedness program based on an all-hazards approach. RNHCIs are responsible for having a comprehensive emergency preparedness program, which includes planning, policies and procedures, a communications plan and a training and testing program. Surveyors are expected to use Appendix Z of the State Operations Manual to evaluate RNHCI compliance with the Emergency Preparedness Condition.

Task 5 – Arriving At A Determination

A deficiency determination is made when the facility has failed to meet one or more of the condition level requirements.

A facility's compliance with the Conditions of Coverage (including election requirements), and the Conditions of Participation is a decision that is based on the objective input of each member of the team, including specialty surveyors. If the survey was performed by a team, then all team members should meet to discuss the findings and collaboratively reach a positive or negative determination.

Task 6 - Exit Conference

A – Purpose of Exit Conference

The purpose of the exit conference is to inform the RNHCI staff of the survey team's observations and preliminary findings. It is not to provide the facility with a full accounting of the deficiencies that will be cited. These will be determined upon review of the team's observations and findings during the survey write-up. This should be made clear to the facility.

The exit conference also provides an opportunity for the RNHCI to present additional information it believes is pertinent to the preliminary identified findings. Because of the ongoing dialogue between surveyors and facility staff during the survey, there should be few instances where the RNHCI is not aware of surveyor concerns or has not had an opportunity to present additional information prior to the exit conference.

B – Conducting the Exit Conference

Conduct the Exit Conference with the RNHCI personnel and other invited staff/individuals. The team may provide an abbreviated exit conference specifically for patients after completion of the RNHCI's exit conference. Do not discuss survey results in a manner that reveals the identity of an individual staff member or patient. Provide information in a manner that is understandable to those present.

Interpretive Guidelines

R94

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.720(a)

The provider meets the definition of an RNHCI as defined in §1861(ss)(1) of the Act. That is, it is an institution that:

(1) Is described in section 501(c)(3) of the Internal Revenue Code of 1986 and is exempt from taxes under section 501(a).

(2) Is lawfully operated under all applicable Federal, State, and local laws and regulations.

(3) Furnishes only nonmedical nursing items and services to beneficiaries who choose to rely solely upon a religious method of healing and for whom the acceptance of medical services would be inconsistent with their religious beliefs.

(4) Furnishes nonmedical items and services exclusively through nonmedical nursing personnel who are experienced in caring for the physical needs of nonmedical patients.

(5) Furnishes nonmedical items and services to inpatients on a 24-hour basis.

(6) Does not furnish, on the basis of religious beliefs, through its personnel or otherwise medical items and services (including any medical screening, examination, diagnosis, prognosis, treatment, or the administration of drugs) for its patients.

(7) Is not owned by, is not under common ownership with, or does not have an ownership interest of 5 percent or more in, a provider of Medical treatment services and is not affiliated with a provider of medical treatment or services or with an individual who has an ownership interest of 5 percent or more in, a provider of medical treatment or services. (Permissible affiliations are described at §403.738(c).)

(8) Has in effect a utilization review plan that sets forth the following:

> **(i) Provides for review of the admissions to the institution, the duration of stays, and the need for continuous extended duration of stays in the institution, and the items and services furnished by the institution.**
>
> **(ii) Requires that reviews be made by an appropriate committee of the institution that included the individuals responsible for overall administration and for supervision of nursing personnel at the institution.**

(iii) Provides that records be maintained of the meetings, decisions, and actions of the review committee.

(iv) Meets other requirements as the Secretary finds necessary to establish an effective utilization review plan.

(9) Provides information CMS may require to implement section 1821 of the Act, including information relating to quality of care and coverage decisions.

(10) Meets other requirements CMS finds necessary in the interest of the health and safety of the patients who receive services in the institution. These requirements are the conditions of participation in this subpart.

Interpretive Guidelines: §403.720(a)

The provider must meet all 10 of the regulatory requirements in order to meet the definition of an RNHCI. Only nonmedical nursing services are provided to beneficiaries. The religious services provided to the beneficiary are not to be considered as part of religious nonmedical nursing services.

Alternative medicine is considered medical care in reviewing the care or services provided to these beneficiaries. Immunizations may only be administered if required by law and a health care practitioner comes to the facility for the mandated administration of the vaccine.

Survey Procedures:

- Verify with IRS current 501(c)(3) status of the RNHCI, which may have changed since initial application.
- Verify that services are provided on a 24-hour basis.
- Verify ownership using Form CMS-855 and/or Form CMS-1513 as applicable.
- Review the facility system of records to assure that they support coverage decisions and quality of care issues.
- Review *at least 50 percent (half) of* all *patient* files for beneficiary elections for religious nonmedical health care institution services.

R95

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.720(b)

The provider meets the conditions of participation cited in §§403.730 through 403.746. (A provider may be deemed to meet conditions of participation in accordance with part 488 of this chapter.)

Interpretive Guidelines: §403.720(b)

The RNHCI must meet the requirements for patient rights; quality assessment and performance improvement; food services; discharge planning; administration; staffing; physical environment; life safety from fire; building safety, and utilization review.

Additionally, the RNHCI is also required to comply with the condition of participation §403.748 CMS does not currently have any CMS-approved Accrediting Organizations with deeming authority for RNHCIs.

Survey Procedures:

- *Throughout the course of the survey review each condition for participation based on the guidance and survey procedures.*

Note: *Tag R95 should only be cited if the RNHCI is non-compliant with two or more conditions. General best practice is to cite each condition and standard based on the specific tag under the appropriate requirement (CoP or Standard).*
Additionally, the RNHCI is also required to comply with the condition of participation §403.748, refer to Task 4, section J above (and Appendix Z).

R96

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.720(c)

The provider has a valid provider agreement as a hospital with CMS in accordance with part 489 of this chapter and for payment purposes is classified as an extended care hospital.

Interpretive Guidelines: §403.720(c)

While RNHCIs appear similar in settings to nursing facilities, classification as extended care hospital is for payment purposes only – the RNHCI is not an extended care hospital.

Surveyors are only to assess whether a patient has chosen to receive non-medical care. This standard is related to payment of an RNHCI and is not the responsibility of surveyors to assess payment.

R97

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.720(d)

The beneficiary has a condition that would make him or her eligible to receive services covered under Medicare Part A as an inpatient in a hospital or extended care services furnished in a hospital or skilled nursing facility.

Interpretive Guidelines: §403.720(d)

While a beneficiary/patient may have a condition which would make them eligible for receiving care within a hospital or skilled nursing facility, the beneficiary has chosen to receive non-medical healthcare under the RNHCI.

Surveyors are only to assess whether a patient has chosen to receive non-medical care. This standard is related to payment of an RNHCI and is not the responsibility of surveyors to assess payment. Additionally, the RNHCI does not weigh in on medical diagnosis or conditions, only what non-medical treatment it may provide to the beneficiary.

Survey Procedures:

- *Review the beneficiary election statement for a sample of patients to verify the patient chose care at the facility.*
- Review the utilization review committee notes.

R98

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.720(e)

The beneficiary has a valid election as described in §403.724 in effect for Medicare covered services furnished in an RNHCI.

Interpretive Guidelines: §403.720(e)

Patients receiving services by the RNHCIs must complete an election statement in accordance with the requirements at §403.724.

Survey Procedures:

- *Ask the RNHCI representative or leadership to explain valid election. Note, valid election processes and procedures may be mainly handled by administrative staff, therefore surveyors should inquire with the representative or leadership who handles this process at the RNHCI.*
- *Verify that the facility has informed the patient in writing about the requirements for coverage under an election; about non-excepted treatment and what revokes an election.*
- *Verify as part of the survey procedures at §403.724, that the sample of patient records includes the valid election.*

R99

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.724 Valid Election Requirements

§403.724(a) General Requirements

An election statement must be made by the Medicare beneficiary or his or her legal representative.

(1) The election must be a written statement that must include the following statements:

> **(i) The beneficiary is conscientiously opposed to acceptance of non-excepted medical treatment.**
>
> **(ii) The beneficiary acknowledges that the acceptance of non-excepted medical treatment is inconsistent with his or her sincere religious beliefs.**
>
> **(iii) The beneficiary acknowledges that the receipt of non-excepted medical treatment constitutes a revocation of the election and may limit further receipt of services in an RNHCI.**
>
> **(iv) The beneficiary acknowledges that the election may be revoked by submitting a written statement to CMS.**
>
> **(v) The beneficiary acknowledges that revocation of the election will not prevent or delay access to medical services available under Medicare Part A in facilities other than RNHCIs.**

(2) The election must be signed and dated by the beneficiary or his or her legal representative.

(3) The election must be notarized.

(4) The RNHCI must keep a copy of the election statement on file and submit the original to CMS with any information obtained regarding prior elections or revocations.

(5) The election becomes effective on the date it is signed.

(6) The election remains in effect until revoked.

Interpretive Guidelines: §403.724(a)

The Election means a written statement signed by the patient to choose to receive nonmedical care for religious reasons. Excepted medical care means medical care that is received involuntarily or required under Federal, State, or local law.

Each RNHCI has the ability to customize the election form used by beneficiaries. However, the prescribed list of content stated in the regulation must be included in order to qualify as a legal election of RNHCI care or services.

The election statement is in effect until it is revoked. If the patient is discharged or transferred to another type of provider/supplier, such as a nursing facility or hospice, the election statement remains in effect until the transfer/discharge is completed. The completion of the discharge or transfer to another type of provider/supplier would revoke the election statement because receiving nonexcepted medical care for which Medicare payment would be requested. See 403.734(b).

Survey Procedures:

- *Review the election statement for a sample of at least 50% of patients. In the event the surveyor has concerns related to potential compliance, expand the sample to include all patient charts and election statements.*
- *Ensure the election statement includes all elements within this standard*
- The six major items *outlined in the regulation* may be used as a check list in reviewing elections.

NOTE: While the regulations state that the RNHCI must submit the election statement to CMS, the election statement is submitted to the Medicare Administrative Contractor (MAC). The completed election form must be filed with the MAC, a copy retained by the RNHCI provider, and a copy provided to the beneficiary. Pub. 100-02, Medicare Benefit Policy Manual, Chapter 1, Section 130.2, Election of RNHCI Benefits, https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c01.pdf. See Pub. 100-04, Medicare Claims Processing Manual, Chapter 3, Section 170 for instructions on submission of elections to the specialty contractor. See https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c03.pdf. Surveyors would review the copy retained by the RNHCI provider.

§403.724(b) Revocation of election

(1) A beneficiary's election is revoked by one of the following:

> **(i) The beneficiary receives nonexcepted medical treatment for which Medicare payment is requested.**
>
> **(ii) The beneficiary voluntarily revokes the election and notifies CMS in writing.**

(2) The receipt of excepted medical treatment as defined in §403.702 does not revoke the election made by a beneficiary.

§403.724(c) Limitation on subsequent elections

(1) If a beneficiary's election has been made and revoked twice, the following limitations on subsequent elections apply:

> **(i) The third election is not effective until 1 year after the date of the most recent revocation.**
>
> **(ii) Any succeeding elections are not effective until 5 years after the date of the most recent revocation.**

(2) CMS will not accept as the basis for payment of any claim any elections executed on or after January 1 of the calendar year in which the sunset provision described in §403.756 becomes effective.

Interpretive Guidelines: §403.724(b) and §403.724(c)
The RNHCI is responsible for maintaining documentation of the beneficiary's election statement. In the event the election is revoked, the RNHCI must retain this documentation. This information is included for your information rather than as a survey item.

R100

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.730 Condition of Participation: Patient Rights

An RNHCI must protect and promote each patient's rights.

Interpretive Guidelines: §403.730

The RNHCI must inform each of its patients, or the patient's representative, of their rights as an RNHCI patient. Further, all of the RNHCI's policies, procedures and actions must be consistent with the protection of the patients' rights articulated in this Condition. The RNHCI must actively promote the patient's exercise of their rights. This includes anyone who faces barriers (such as

communication problems, hearing problems, and cognition limits) in the exercise of these rights. All patients in RNHCIs have rights guaranteed under Federal and State law. *The RNHCI should also verify with the patient or via documentation, that an individual is the patient's authorized representative.*

Survey Procedures:

- *Determine whether the RNHCI provides patients (or their representatives, as applicable), with notice of their rights, consistent with the standards under this condition.*
- *Surveyors should consider the review of documentation (the RNHCI's policies and procedures on patient rights) as well as an interview of a patient to determine compliance.*

R101

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.730(a) Standard: Notice of Rights

The RNHCI must do the following:

(1) Inform each patient of his or her rights in advance of furnishing patient care.

Interpretive Guidelines: §403.730(a)(1)

The RNHCI has provided information to the patient and representatives in terms and in a language he or she understands. If the patient's knowledge of English or the predominant language of the facility is inadequate for comprehension, a means to communicate in a language familiar to the patient must be available and implemented. The facility should have written translations, as applicable, of its statements of rights and responsibilities, and should make the services of an interpreter available if needed. For hearing impaired patients who communicate by signing, the facility is expected to provide an interpreter. Large print text of the facility statement of patient rights and responsibilities should also be available.

When State or Federal laws regarding patient rights change during a patient stay, the patient and/or his or her legal representative *should* be promptly informed of these changes.

Survey Procedures:

- *Determine if individuals and representatives are aware of the individual's rights and the rules of the facility.*
- Does the facility have a formalized statement of rights and responsibilities?
- Does the facility verify that patients have received and understand their rights and responsibilities?

R102

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.730(a)(2) Have a process for prompt resolution of grievances, including a specific person within the facility whom a patient may contact to file a grievance. In addition, the facility must provide patients with information about the facility's process as well as with contact information for appropriate State and Federal resources.

Interpretive Guidelines: §403.730(a)(2)

In general, a "patient grievance" is a formal or informal written or verbal complaint that is made to the facility by a patient or a patient's representative regarding a patient's care, abuse, neglect, or other compliance issues.

The *RNHCI must* provide an opportunity for patients to express or communicate in a familiar language grievances, and for the facility to resolve any grievances. It is expected that facilities will have a grievance process that allows patients to express concerns without retribution and resolves grievances to the extent possible.

The grievance process should specify timeframes for review of the grievance and the provisions of a response. In responding to the grievance, the RNHCI should investigate all grievances made by a patient, the patient's representative, or the patient's surrogate regarding nonmedical services provided.

The facility should maintain a system of receipt and resolution of grievances (such as a log) as well as provide patients with names, addresses, and telephone numbers of appropriate State and Federal resources*, such as the State's complaint unit or Ombudsman.*

Survey Procedures:

- *Review the RNHCI policies and procedures for grievances.*
- *Does the policy/procedure include contact information?*

R103

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.730(b) Standard: Exercise of Rights

The patient has the right to:

(1) Be informed of his or her rights and to participate in the development and implementation of his or her plan of care.

Interpretive Guidelines: §403.730(b)(1)

The patient has the right to make an informed decision regarding his/her care in the RNHCI. The right to make informed decisions means that the patient or patient's representative is given the information needed in order to make "informed" decisions regarding his/her care. The right to make informed decisions regarding care presumes that the patient has been provided with information about his/her health status and has chosen care to be provided by the RNHCI. A RNHCI does not provide medical treatment or biologics. However, the patient will still have a plan of care provided by the RNHCI. The patient's participation in the development of their plan of care should be encouraged. The patient or the patient's representative should receive adequate information, provided in a manner that the patient or the patient's representative can understand, to ensure that the patient can effectively exercise the right to make informed decisions.

Survey Procedures:

- *Interview a sample of patient(s). During the interview:*
  - *Ask* the patient *to describe* the services that he or she is receiving specific to the plan of care.
  - Ask the patient how he or she was told of any changes in the plan of care.
  - Discuss the changes and see if the patient has received written information and if the patient understands the information.
  - Determine the extent to which the facility initiates activities that involve the patient in his or her care.

- *Interview a member of the care team and ask them to describe how patients are informed of their plan of care and participate in the plan of care.*
- *Determine based on the interviews and record review, whether the RNHCI is compliant with this requirement.*

R104

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(2) Make decisions regarding his or her care, including transfer and discharge from the RNHCI. (See §403.736 for discharge and transfer requirements.)

Interpretive Guidelines: **§403.730(b)(2)**

The patient has the right to be involved in his or her plan of care. This includes active participation and discussion with the RNHCI related to the transfer and discharge from the organization. The RNHCI should have a policy and process related to sharing information with the patient and/or patient's representative on transfers and discharges, whether this would be a discharge to the patient's home, or into a healthcare setting which provides medical services and nursing care.

Survey Procedures:

- Is there evidence that each patient was given information regarding the right to make decisions?

- *Does the patient understand what transfer and/or discharge means?*

R105

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(3) Formulate advance directives and expect staff who furnish care in the RNHCI to comply with those directives, in accordance with part 489, Subpart I of this chapter. For purposes of conforming with the requirement in §489.102 that there be documentation in the patient's care records concerning advance directives, the patient care records of a beneficiary in an RNHCI are equivalent to medical records held by other providers.

Interpretive Guidelines: **§403.730(b)(3)**

Advance directives are particularly important for a patient choosing to rely solely upon religious nonmedical methods of healing, as it makes his or her wishes known in the event he or she becomes incapacitated and unable to make health care choices. An advance directive could lead to the provision of nonexcepted medical care, and thus effectively revoke an Election, or support the choice made in that Election, and must be honored by the facility. *The RNHCI must discuss this with the patient and/or representative to ensure the patient and/or representative are aware of this. The Election would not be revoked on the signing of an advanced directive, but on the initiation of medical care based on the advance directive. The RNHCI should document this process and their policy on providing this information to the patient in writing.*

Survey Procedures:

- Ensure that an Election form that complies with §403.724(a) is on file for each patient. Revocations of elections must also be on file.
- Ensure that there is evidence that the patient has had the opportunity to formulate his or her advance directive.
- Corroborate through patient interviews *that the patient has or does not have an advanced directive.*

R106

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.730(c) Standard: Privacy and Safety

The patient has the right to the following:

(1) Personal privacy

Interpretive **Guidelines: §403.730(c)(1)**

Personal privacy includes accommodations, written and telephone communications, personal care, visits, and meetings of family and patient groups, but this does not require the facility to provide a private room for each patient.

Facility staff must examine and care for patients in a manner that maintains the privacy of patients' bodies. A patient must be granted privacy when toileting and in other activities of personal hygiene. If a patient requires assistance, authorized staff should respect the patient's need for privacy. People not involved in the care of the patient should not be present during care, nor should video or other electronic monitoring/recording methods be used without the patient's consent. Prior to the provision of personal care and services, staff should remove the patient from public view to prevent unnecessary exposure of the patient's body parts (using means such as privacy curtains, closed patient room doors, clothing and/or draping).

Survey Procedures:

- *Review the RNHCIs policies related to patient privacy.*
- *Interview staff and ask them to describe how they maintain privacy.*
- *Interview a sample of patients and ask about their privacy. Have there been any alleged violations to patient privacy?*

Note: *If observing care, surveyors must first obtain the permission of the patient or the patient's representative in order to observe the delivery of care to that patient. The privacy and dignity of the patient must always be respected, along with the patient's right to refuse to allow the surveyor to observe his/her care.*

R107

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(2) Care in a safe setting

Interpretive Guidelines: **§403.730(c)(2)**

Each patient should receive care in an environment that a reasonable person would consider to be safe. The RNHCI staff should follow current standards of practice for patient environmental

safety, infection control, and security. Staff should also provide protection for the patient's emotional health and safety as well as the patient's physical safety. Respect, dignity, and comfort would be components of an emotionally safe environment.

The intention of this requirement is to specify that each patient receive care in an environment that is considered to be reasonably safe. For example, RNHCI staff should follow current standards of practice for patient environmental safety, infection control, and security.

Other safe setting includes but is not limited to properly maintained assistive devices (wheelchair, walker, cane, hearing aids), bathing facilities with non-slip surfaces, electrical appliances without frayed wires or exposed heating elements, proper radiator temperatures, proper water temperatures in hand sinks, and bathing facilities which cannot scald or harm patients.

Since RNHCI's only furnish nonmedical nursing items and services to beneficiaries who choose to rely solely upon a religious method of healing, and for whom the acceptance of medical services would be inconsistent with their religious beliefs; care in a safe setting would also mean that the RNHCI should also have policies and procedures to report public health concerns to the appropriate agencies. For instance, if the RNHCI has a patient presenting with a communicable disease or there are situations which may pose risk to all patients receiving care in the RNHCI, the RNHCI should have procedures in place with a process for reporting the concern to the public health agencies in order to ensure care in a safe setting is maintained for all patients.

Survey Procedures:

- What are the RNHCI's policies and procedures for patient environmental safety, infection control, and security?
- Does the facility notify appropriate agencies of public health concern as required?

R108

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(3) Freedom from verbal, psychological, and physical abuse, and misappropriation of property.

***Interpretive* Guidelines: §403.730(c)(3)**

Patients must not be subjected to any type of abuse by any individual, including but not limited to staff, other patients, consultants, volunteers, family members, legal guardians, friends or other individuals.

"Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish (see 42 CFR §488.301). This includes staff neglect or indifference to infliction of injury or intimidation of one patient by another.

Neglect means a failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. (See 42 CFR §488.301)

Surveyor should keep in mind that this is non-medical model and should not expect to see medical care given. Patient should receive the care indicated in their care plan.

This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This presumes that instances of abuse of all patients, even those in a coma, cause physical harm, or pain or mental anguish.

"Misappropriation of property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient's belongings or money without the patient's consent. (See 42 CFR §488.301)

The facility must have a mechanism in place that is designed to identify potential abuse situations, investigate allegations, and protect patients and staff during investigations. Through the quality assessment and performance improvement system and staff training, the facility must demonstrate ongoing attempts to prevent future incidents of abuse.

Survey Procedures:

If during the course of a survey, surveyors identify potential abuse situations, investigate allegations through interviews, observations, and record reviews. Report and record any instances where the survey team observes an abusive incident. Completely document who committed the alleged abusive act, nature of the abuse, and where and when it occurred. Ensure that the facility addresses the incident immediately.

- What type of complaints do individuals report (if any) and how well does the facility respond?
- Are adequate systems in place to protect patients from abuse and misappropriation of property?
- Are incidents reported appropriately?

R109

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(4) Freedom from the use of restraints

Interpretive **Guidelines: §403.730(c)(4)**

Restraint and seclusion use may constitute an accident hazard. Professional standards of practice have eliminated the need for physical restraints except under limited medical circumstances. **RNHCIs may not use restraints**.

The facility may not use restraints in violation of the regulation solely because a surrogate or representative has approved or requested them.

Restraints means any manual method or physical or mechanical device, material, or equipment attached or adjacent to the patient's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.

Restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, lap cushions and lap trays the patient cannot remove. Also included as restraints are facility practices such as:

- Using bed rails to keep a patient from voluntarily getting out of bed as opposed to enhancing mobility while in bed;
- Tucking in a sheet so tightly that a bed bound patient cannot move;
- Using wheelchair safety bars to prevent a patient from rising from the chair;
- Placing a patient in a chair that prevents rising; and
- Placing a patient who uses a wheelchair so close to a wall that the wall prevents the patient from rising.

Survey Procedures:

- *Interview staff and ask them to describe use of restraints. Does staff allude to the use of restraints?*
- *If a patient is considered to be at risk for harm to self or others, ask staff to describe processes used to ensure patient safety.*

R110

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(5) Freedom from involuntary seclusion

Interpretive* Guideline*s: §403.730(c)(5)

Involuntary seclusion is the involuntary confinement of a person alone in a room or an area where the person is physically prevented from leaving. A patient who is involuntarily in a room isolated from the rest of a unit should be considered in seclusion.

RNHCIs may not use seclusion.

Survey Procedures:

- *Interview staff and ask them if it is ever acceptable to confine an individual to a room or area.*

R111

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.730(d) Standard: Confidentiality of Patient Records

For any patient care records or election information it maintains on patients, the RNHCI must establish procedures to do the following:

(1) Safeguard the privacy of any information that identifies a particular patient. Information from, or copies of, records may be released only to authorized individuals, and the RNHCI must ensure that unauthorized individuals cannot gain access to or alter patient records. Original patient care records must be released only in accordance with Federal or State laws, court orders, or subpoenas.

Interpretive Guidelines: **§403.730(d)(1)**

The patient has the right to have his or her care records maintained in a confidential manner. *In addition to any existing requirements for patient records found in existing laws, under this standard, facilities are required to ensure that patient records are secure. The RNHCI should have policies and procedures in compliance with the Health Insurance Portability and Accountability Act (HIPAA), Privacy and Security Rules at 45 CFR parts 160 and 164, which protect the privacy and security of individual's personal health information. The RNHCI should have sufficient safeguards to ensure that access to all patient care records is limited to those individuals designated by law, regulation, and policy, or duly authorized by the patient to have access. No unauthorized access or dissemination of patient records is permitted. Patient records must be kept secure and only viewed when necessary by those persons participating in some aspect of the patient's care.*

The right to the confidentiality of patient records means safeguarding the content of information, including patient paper records, video, audio, and/or computer-stored information from unauthorized disclosure without the specific informed consent of the patient or patient's representative.

Confidentiality applies to both central storage of the closed patient records and to open patient records in use throughout the RNHCI.

Survey Procedures:

- How does the facility ensure the confidentiality of patient records?
- Does the facility instruct the caretaker and authorized individual about protecting the confidentiality of the record, if the facility leaves a portion of the record with the caretaker and/or authorized individual?

- What evidence indicates that each patient is informed of policies and procedures concerning his/her record disclosure?

R112

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(2) Maintain the records and information in an accurate and timely manner

Interpretive Guidelines: §403.730(d)(2)

The RNHCI must have complete, comprehensive and accurate patient records. Patient records should be maintained continuously during the patient's stay at the RNCHI and the organization must ensure that records are completed in a timely manner and accessible to the patient and/or patient's representative in a timely manner.

Survey Procedures:

- *Review a sample of active and closed patient records for completeness and accuracy in accordance with Federal and State laws and regulations and the RNHCI policy.*
- *Does the record include the necessary and most current information about the patient?*
- *Interview staff and ask them to describe the process for maintaining and updating a patient's record.*

R113

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(3) Ensure timely access by patients to the records and other information that pertains to that patient.

Interpretive Guidelines: §403.730(d)(3)

Patients and patient representatives must have access to their respective records in a timely manner. It is the responsibility of the RNHCI to ensure when patients request records that the information is provided within a reasonable time.

Survey Procedures:

- *Ask staff to describe the process used to provide patient records to the patient or patient representative once requested.*

R114

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(4) Abide by all Federal and State laws regarding confidentiality and disclosure for patient care records and election information.

Interpretive Guidelines: §403.730(d)(4)

The RNHCI should have policies and procedures in compliance with the Health Insurance Portability and Accountability Act (HIPAA), Privacy and Security Rules at 45 CFR parts 160 and 164, which protect the privacy and security of individual's personal health information. The RNHCI should have sufficient safeguards to ensure that access to all patient care records is limited to those individuals designated by law, regulation, and policy, or duly authorized by the patient to have access.

Survey Procedures:
Surveyors are not expected to have detailed knowledge of the requirements of the Privacy and Security Rules, but instead are to focus on the steps the RNHCI takes to protect the confidentiality of records, as well as to assure a patient's access to his/her own clinical record.

R125

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.732 Condition of Participation: Quality Assessment and Performance Improvement

The RNHCI must develop, implement, and maintain a quality assessment and performance improvement program.

Interpretive Guidelines: **§403.732**

The facility must have in place a program that has a definitive scope and which can be used to measure, analyze, track, and improve performance. The plan should address the full range of services offered by the facility. *The Quality Assessment and Performance Improvement (QAPI) program requires the RNHCI to take a proactive, comprehensive, and ongoing approach to improving the quality and safety of the services it delivers. The QAPI condition of participation presumes that RNHCIs employ a systems approach to evaluating their systems and processes, identifying problems that have occurred or that potentially might result from the organization's practices and getting to root causes of problems rather than just superficially addressing one problem at a time.*

From a survey perspective, the focus of the QAPI condition of participation is not on whether an RNHCI has any deficient practices, but rather on whether it has an effective, ongoing system in place for identifying problematic events, policies, or practices and taking actions to remedy problems, and then following up on these remedial actions to determine if they were effective in improving performance and quality. QAPI programs work best in an environment that fixes problems rather than assigning blame.

Survey Procedures:

- *Review the RNHCI's policies and procedures related to their QAPI program.*
- *Determine if the RNHCI has an ongoing program and quality assessment process.*

- *Ask leadership or staff to describe the QAPI program.*

R126

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.732 (a) Standard: Program Scope

(1) The quality assessment and performance improvement program must include, but is not limited to, measures to evaluate:

(i) Access to care.

(ii) Patient satisfaction.

(iii) Staff performance.

(iv) Complaints and grievances.

(v) Discharge planning activities.

(vi) Safety issues, including physical environment.

***Interpretive* Guideline*s:* §403.732(a)(1)**

The facility must objectively evaluate the required areas. The facility must also objectively evaluate any additional areas which they decide to include in their quality assessment and evaluation program.

Specifically, at a minimum, the facility must define and describe quality assessment and performance improvement activities that are appropriate for the services furnished in the facility. CMS has not provided a specific definition of quality nor provides an outline for what activities are appropriate to meet this standard due to the unique nature of the RNHCI program.

Survey Procedures:

- *Review the QAPI Program and any meeting minutes or other QAPI documents. Does the QAPI program cover access to care, patient satisfaction, staff performance, complaints/grievances, discharge planning and safety issues?*
- *Ask staff or management to explain how they use the results of the measures to improve their program.*

R127
(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(2) In each of the areas listed in paragraph (a)(1) of this section, and any other areas the RNHCI includes, the RNHCI must do the following:

(i) Define quality assessment and performance improvement measures.

(ii) Describe and outline quality assessment and performance improvement activities appropriate for the services furnished by or in the RNHCI.

(iii) Measure, analyze, and track performance that reflect care and RNHCI processes.

(iv) Inform all patients, in writing, of the scope and responsibilities of the quality assessment and performance improvement program.

Interpretive Guidelines: **§403.732(a)(2)**

The RNHCI must have policies and procedures which define their respective QAPI program. CMS does not prescribe a particular format of the QAPI program; it provides each RNHCI with the flexibility to develop its own program. Each program must, however, satisfy the regulatory criteria. Additionally, the program should be ongoing and data driven in order to properly measure, analyze and track performance. For example, the RNHCI should consider this to mean:

- *Ongoing – i.e., the program is a continuing one, not just a one-time effort. Evidence of this would include, but is not limited to, things like collection of quality data at regular intervals; analysis of the updated data at regular intervals; and updated records of actions taken to address quality problems identified in the analyses, as well as new data collection to determine if the corrective actions were effective.*
- *Data-driven – i.e., the program must identify in a systematic manner what data it will collect to measure various aspects of quality of care; the frequency of data collection; how the data will be collected and analyzed; and evidence that the program uses the data collected to assess quality and stimulate performance improvement.*

The RNHCI QAPI program must also have a process which informs the patient and/or patient's representative of the QAPI program, its scope and purpose and patients should be able to access such information.

Survey Procedures:

- Review facility policies and procedures on the quality assessment and performance improvement program.
- Determine if the facility has a formal method to identify issues in the facility, *which* require quality assessment and performance improvement.
- Determine if the facility has a method to respond to identified issues and the means to evaluate the response to the issues.

- Verify through interviews with staff, patients, and governing body member(s) that the facility has established a protocol or method for addressing quality in the facility, and those issues that the facility believes have now been resolved.
- Verify that the staff and patient know how to access that process.

R128

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(3) The RNHCI must set priorities for performance improvement, considering the prevalence of and severity of identified problems

Interpretive Guidelines: **§403.732(a)(3)**

The RNHCI must evaluate and track its performance improvement activities. For instance, if problems are identified in a specific care area, whether access to care; patient satisfaction; staff performance; discharge planning or safety issues; or if there is an influx in complaints and grievances, the RNHCI QAPI program should set priorities to address the concerns. The QAPI program is intended to evaluate quality and performance and the RNHCI's system of addressing quality concerns to better improve outcomes for the patients, staff and overall organization.

Survey Procedures:

- Are RNHCI improvement priorities based on problems identified and is performance improvement realistic or achievable based on the prevalence and severity of the problem?
- Are priorities specific to identified problems with timeline for measuring each objective?
- Are there demonstrable steps toward improvement?

R129

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(4) The RNHCI must act to make performance improvements and must track performance to assure that improvements are sustained.

Interpretive **Guidelines*****:*** **§403.732(a)(4)**

The facility must use an objective means of tracking performance. Each facility is allowed the flexibility to identify its own measures of performance for the activities it identifies as priorities in its quality assessment and performance improvement strategy. The facility meets this requirement by conducting an analysis when adverse outcomes are identified and the facility takes action to sustain correction and improvement of the identified issue.

For a RNHCI to consider that it is "doing better" is a subjective statement and is not an acceptable measure of performance. There must be some identifiable units of measurement that a knowledgeable person can distinguish as evidence of change.

Survey Procedures:

- Does the RNHCI take action to enact long-term correction and improvement?

R130

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.732(b) Standard: Program Responsibilities

(1) The governing body, administration, and staff are responsible for ensuring that the quality assessment and performance improvement program addresses identified priorities in the RNHCI and are responsible for the development, implementation, maintenance, and performance improvement of assessment actions.

Interpretive Guidelines: **§403.732(b)(1)**

The governing body is responsible for the organization including its QAPI program. The governing body, administration and staff are responsible for ensuring that issues and concerns are identified to be included in the QAPI program and that initiatives are taken to improve quality and performance.

The development, implementation, maintenance and actions taken by the RNHCI to improve performance are generally based on quality indications or performance measures associated with improved outcomes for the patient and organization as a whole. Quality and safety indicators used in the program should differ in terms of the weight and type of evidence for their effectiveness in measuring quality. Indicators should also differ in terms of how the data is collected, and how frequently the data should be collected. CMS is not defining how the RNHCI organizes its QAPI program and the development of improvement activities, however the organization should consider use of measures or indicators.

Survey Procedures:

- How does the RNHCI ensure that responsibilities for quality assessment are identified, performed and monitored with the goal of continuous performance improvement?

R131

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(2) The RNHCI must include all programs, departments, functions, and contracted services when developing, implementing, maintaining, and evaluating the program of quality assessment and performance improvement.

Interpretive **Guidelines*****:*** **§403.732(b)(2)**

The QAPI program must involve all departments and areas of care provided by the RNHCI. This includes all services provided under contract with outside agencies.

Survey Procedures:

- *Review any QAPI meeting minutes and any other QAPI documents to determine active involvement by departments and programs.*

R140

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.734 Condition of Participation: Food Services

The RNHCI must have an organized food service that is directed and adequately staffed by qualified personnel.

Interpretive Guidelines: **§403.734**

"Qualified personnel" is defined based on State and local laws for the provision of food services. Food service personnel must demonstrate safe food handling (see §403.734). *The facility must provide each patient with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of the patients.*

Survey Procedures:

- *Review the RNHCIs policy for food services.*
- *Review personnel records and/or contacts related to food services and determine if personnel are qualified.*

R141

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.734(a) Standard: Sanitary Conditions

The RNHCI must furnish food to the patient that is obtained, stored, prepared, distributed, and served under sanitary conditions.

Interpretive **Guideline*s:*** **§403.734(a)**

Sanitary conditions means storing, preparing, distributing, and serving food properly to prevent food-borne illness. Potentially hazardous foods must be subject to continuous time/temperature controls to prevent either the rapid and progressive growth of infectious or toxigenic micro-organisms, such as Salmonella, or the slower growth of Clostridium Botulinum. In addition, foods of plant origin become potentially hazardous when the skin, husk, peel, or rind is breached, thereby possibly contaminating the fruit or vegetable with disease-causing micro-organisms.

Potentially hazardous food tends to focus on animal products, including but not limited to milk, eggs, and poultry.

Food Service & Distribution:

Food and drinks should be prepared in a sanitary setting, including use of gloves by food service staff. Food should be served in accordance with industry standards for food safety, such as temperature and refrigeration. Cold food products requiring refrigeration should be served to patients in a manner which does not compromise the quality or make the product unsafe for consumption. The food should be protected from contamination as it is transported to the patient room or dining area.

Temperature Controls:

Improper holding temperature is a common contributing factor of food borne illness. The facility must follow proper procedures in cooking, cooling, and storing food according to time, temperature, and sanitary guidelines. Improper handling of food can cause Salmonella and E-Coli contamination.

Refrigerated storage *should be in accordance with state laws and manufacturer instructions. The RNHCI is responsible for checking* all refrigerators and freezers for temperatures.

Dishwashing: The current Food Code, DHHS, FDA, PHS recommends the following water temperature and manual washing instructions. Refer to *https://www.fda.gov/food/fda-food-code/food-code-2022 or the latest version published.*

The RNHCI is expected to follow accepted standards of practice in regards to food storage and handling *to protect the health and safety of patients*

Survey Procedures:

- Observe storage, cooling, and cooking of food. Record the time and date of all observations performed. If a problem is noted, conduct additional observations to verify findings.

- Observe that employees are effectively cleaning their hands prior to preparing, distributing and serving food. Observe that food is covered to maintain temperature and protect from other contaminants when transporting meals to patients.

- Refrigerated storage: Check all refrigerators and freezers for temperatures. Use the facility's or the surveyor's own properly sanitized thermometer to evaluate the internal temperatures of potentially hazardous foods with a focus on the quantity of leftovers and the container sizes in which bulk leftovers are stored.

- Food preparation: Use a sanitized thermometer to evaluate food temperatures. In addition, how do kitchen staff process leftovers? Are they heated to the appropriate

temperatures? How is frozen food thawed? How is potentially hazardous food handled during multi-step food preparation (e.g., chicken salad, egg salad)? Is hand contact with food minimized?

- Food service: Using a properly sanitized thermometer, check the temperature of hot and cold food prior to serving. How long is milk held without refrigeration prior to distribution?

- Food distribution: Is the food protected from contamination as it is transported to the dining rooms and residents' rooms?

- Are hand washing facilities convenient and properly equipped for dietary services staff use? (Staff uses good hygienic practices and staff with communicable diseases or infected skin lesions do not have contact with food if that contact will transmit the disease.)

- Are toxic items (such as insecticides, detergent, polishes) properly stored, labeled, and used separate from the food?

- Observe food storage rooms and food storage in the kitchen. Are containers of food stored off the floor and on clean surfaces in a manner that protects it from contamination? Are other areas under storage shelves monitored for cleanliness to reduce attraction of pest?

- Are potentially hazardous foods stored at 41º F or below and frozen foods kept at 0º F or below, or consistent with the policies and industry standards for safety?

- Do staff handle and cook potentially hazardous foods properly?

- Is food transported in a way that protects against contamination (i.e., covered containers, wrapped, or packaged)?

R142

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.734(b) Standard: Meals

The RNHCI must serve meals that furnish each patient with adequate nourishment in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The RNHCI must do the following:

(1) Furnish food that is palatable, attractive, and at the proper temperature and consistency.

***Interpretive* Guidelines: §403.734(b)(1)**

CMS prohibits prescription of therapeutic diets or parenteral nutrition in this program, as these are considered medical practices. However, altering food consistency (mechanically altered food; chopped, cut, ground, pureed, etc.) is not considered a medical practice, but is designed to meet the needs of the patient.

"Food-palatability" refers to the taste and/or flavor of the food.

"Food-attractiveness" refers to the appearance of the food when served to patients.

The RNHCI must provide for each patient:

- *Food with adequate nourishment: food should be prepared by methods that conserve nutritive value, flavor, and appearance;*
- *Food and drink that is palatable, attractive, and at a safe and appetizing temperature: food should be prepared to meet individual needs and should accommodate allergies, intolerances, and preferences;*
- *Appealing options of similar nutritive value to patients who choose not to eat food that is initially served or who request a different meal choice; and*
- *Drinks, including water and other liquids, sufficient to maintain patient hydration and consistent with patient needs and preferences.*

Survey Procedures:

- Identify concerns such as appearance or meal quality (such as color and texture of vegetables or meats and, preparation and presentation of mechanically altered foods).
- Evidence for palatability and attractiveness of food, from day to day and meal to meal, may be strengthened through sources such as additional observation, patient, and staff interviews.

  - Does food have a distinct aroma or odor?
  - Is the appearance varied in color and texture?
  - Is food generally well seasoned (use of spices, herbs, etc.), and acceptable to patients?
  - Is food served at preferable temperature (hot foods are served hot and cold foods are served cold) as discerned by the patient and customary practice? Is food held and served at proper temperatures?

R143

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(2) Offer substitutes of similar nourishment to patients who refuse food served or desire alternative choices.

Interpretive Guidelines: **§403.734(b)(2)**

Patients may request alternative choices to their meals. For instance, if the patient does not desire to eat the meal provided due to personal preference, the RNHCI food services must provide a comparable meal to the patient consistent with the plan of care.

Survey Procedures:

- Observe food service to determine that meals are appropriate to each patient according to care plans.
- Ask patients how well the food meets their taste needs. Are patients offered the opportunity to receive substitutes when refusing food on the original menu?
- Ask patients when they eat breakfast, lunch, and dinner.

R144

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(3) Furnish meals at regular times comparable to normal mealtimes in the community. There must be no more than 14 hours between a substantial evening meal and breakfast the following day.

Interpretive Guidelines: §403.734(b)(3)

Each patient must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with patient's needs, preferences, requests, and plan of care.

There must be no more than 14 hours between a substantial evening meal and breakfast the following day.

Survey Procedures:

- *Review the food services schedule for providing meals to patients.*
- *Calculate the time elapsed for a sample of the patients. Does the RNHCI provide meals at appropriate times in accordance with the standard?*

R145

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(4) The RNHCI must offer snacks at bedtime.

Interpretive Guidelines: §403.734(b)(4)

Suitable, nourishing alternative meals and snacks should be provided to patients who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the plan of care. The RNHCI must at a minimum offer snacks to a patient around bedtime.

Survey Procedures:

- *Review the RNHCI food services schedule and ask food service staff about snacks available to patients.*
- *Interview a sample of patients and ask them if they are provided with snacks around bedtime..*

R150

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.736 Condition of Participation: Discharge Planning

***(a) Discharge planning and instructions*. The RNHCI must have in effect a discharge planning process that applies to all patients. The process must assure that appropriate post-institution services are obtained for each patient, as necessary. The RNHCI must assess the need for a discharge plan for any patient identified as likely to suffer adverse consequences if there is no planning.**

***Interpretive Guidelines:* §403.736**

The RNHCI must have a discharge planning process in place to assure appropriate post-institution services *are obtained for each patient, as necessary, and to ensure RNHCIs provide discharge instructions to the patient and/or the patient's caregiver when the patient is discharged home.*

The RNHCI should have a discharge planning process which involves the RNCHI staff, patients and his or her caregivers/legal representatives in determining the appropriate post-discharge plan for the patient. The patient and his or her caregiver/legal representative have the right to participate in the development and implementation of his/her plan of care, and to make informed decisions regarding his/her care (§403.730(b)).

The discharge planning process should begin upon the patient entering the RNCHI for care. While RNCHIs only furnish nonmedical nursing care and provide services to beneficiaries who choose to rely solely upon a religious method of healing, and for whom the acceptance of medical services would be inconsistent with their religious beliefs, the RNCHI should begin to

assess each patient for the need of a discharge plan upon entry into the RNCHI for care. Additionally, RNHCIs should also ensure reassessment of its discharge planning on an ongoing basis as required under §403.736(c). For patients that may not have been initially identified as in need of a discharge plan, there may be changes in the patient's condition to warrant development of a discharge plan.

RNHCIs only furnish nonmedical nursing items and services to beneficiaries who choose to rely solely upon a religious method of healing, and for whom the acceptance of medical services would be inconsistent with their religious beliefs. RNHCIs only perform nonmedical services through nonmedical nursing personnel who are experienced in caring for the physical needs of nonmedical patients. For example, caring for the physical needs such as assistance with activities of daily living; assistance in moving, positioning, and ambulation; nutritional needs; and comfort and support measures.

Due to the nature of RNHCI services, this standard does not require the organization to develop a plan for the patient after the patient is discharged or due to changes in the patient's condition. The discharge plan is not based on whether the patient's condition improves or worsens as the RNHCI only provides nonmedical nursing. Patients sign the election statement that identifies understanding that they will receive nonmedical services. Essentially, a patient would be provided routine care of daily needs, and assistance as needed for eating, ambulating, etc. For example, if a patient had a cut, a RNHCI Nurse Practitioner would wash it with soap and water and bandage it as routine first aide. As a result, there would be no prescribed care/treatment to prevent possible adverse outcomes after discharge. RNHCI patients are not determined by these facilities to have a "condition". RNHCI care is not about treatment of medical diagnoses, therefore the discharge plan provides instructions primarily based on self-care at home or information related to potential medical treatment that could be rendered at a medical facility, not within the RNHCI setting.

The RNHCI discharge plan should include instructions for self-care. Additionally, if the patient was transferred from a different healthcare setting such as a nursing facility, home health care or other, then the discharge plan may include aspects provided by the other healthcare settings, as applicable.

Survey Procedures:

- *Review the RNHCI policies and verify the RNCHI has identified patients which may suffer post-discharge complications due to a lack of a discharge plan. (Note: The discharge plan is a non-medical plan and may only provide resources to connect a patient to a healthcare setting which provides medical services.)*
- *Verify patients who have been categorized into the potential for adverse outcomes have a discharge plan post-discharge.*

R151

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.736(a) *Discharge planning and instructions*

(1) Discharge instructions must be provided at the time of discharge to the patient or the patient's caregiver as necessary.

Interpretive Guidelines: §403.736(a)

The discharge planning process should begin upon the patient entering the RNCHI for care and should be provided at or near the time of discharge **or** upon request of the patient or legal representative. The discharge planning evaluation *should* include:

- An assessment of the possibility of a patient needing services after discharge;
- The patient's capacity for self-care; and
- Information regarding the care in the environment from which he or she entered the facility and where he or she is going to after discharge.

RNHCIs do not need to develop a discharge plan that includes medical care as doing so is not in keeping with the religious tenets, goals of the facility or scope of the facility's practice. However, we believe that it is important for the RNHCI to discuss with the caregiver/legal representative information about the patient's post-discharge care and needs, which may or may not include seeking care at a medical based facility.

RNHCIs must have policies and procedures that address their discharge processes. If the RNHCI determines that a patient does or does not require discharge instructions, this decision must be made based on the existing policies.

Although all patients must have a discharge planning evaluation, not all patients will require a discharge plan. Review discharge planning evaluations and review discharge plans as applicable. The RNCHI's discharge planning policies and procedures must address how the staff responsible for discharge planning will be made aware of changes in a patient's condition that require a discharge planning evaluation to reevaluate the need for a discharge plan.

Additionally, the discharge planning evaluation should be conducted in a timely manner, allowing for sufficient time after completion to allow arrangements for post-RNHCI care to be made, without having to delay the patient's discharge in order to do so, or requiring the patient to transfer to a different setting from where he/she was admitted from primarily due to the delay in making appropriate arrangements.

Survey Procedures:

- *Review the RNHCI policies and compare them with the patient record to confirm that either the existence or lack of discharge instructions is consistent with the policies.*
- *Verify documentation that the facility has a discharge planning process.*
- *Review discharge plans for patients and verify the discharge plan was provided to the patient or patient representative/caregiver at the time of the discharge, as necessary.*

R153

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(2) If the patient assessment indicates a need for a discharge plan, the discharge plan must include instructions on post-RNHCI care to be used by the patient or the caregiver in the patient's home, as identified in the discharge plan.

Interpretive Guidelines: §403.736(a)(1-2)

Determine whether the assessment was timely and evaluated on a case-by-case basis. *If the patient assessment indicates a discharge plan is needed, has the facility provided written instructions to the patient or the caregiver on post-care in the patient's home?* Assessments completed after discharge are not timely.

Survey Procedures:

- *If a patient is determined to need a discharge plan, is one developed? Is a discharge plan developed if the patient or legal representative requests one?*
- *Are discharge plans modified to reflect current patient status and needs?*
- *Do discharge plans address necessary post-discharge care?*
- *How does the facility inform patients or legal representatives about post-RNHCI care requirements?*

R154

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(3) If the RNHCI's patient assessment does not indicate a need for a discharge plan, the beneficiary or his or her legal representative may request a discharge plan. In this case, the RNHCI must develop a discharge plan for the beneficiary.

Interpretive Guidelines: §403.736(a)(3)

Determine whether the facility notifies the patient or the patient's legal representatives of proposed transfers or discharges. If the patient or the patient's legal representative has requested a discharge plan, has the facility provided one to the requested individuals?

While the RNHCI may determine a patient is not likely to suffer adverse outcomes if no discharge plan is provided, the patient and/or legal representative may request a discharge plan be provided. The RNHCI must develop a discharge plan which at a minimum consists of the following information:

- *Post-care or self-care instructions;*
- *Instructions for the legal representative/caregiver, if necessary;*

If neither the patient nor the patient's family or informal caregiver(s) are able to address all of the required care needs, then the evaluation should determine whether there are community-based services that are available to meet the patient's needs while allowing the patient to continue living at home.

Survey Procedures:

- *Are discharge plans modified to reflect current patient status and needs?*
- *Do discharge plans address necessary post-discharge care?*
- *How does the facility inform patients or legal representatives about post-RNHCI care requirements?*
- *Has the discharge plan been reassessed by the facility? Has the facility discussed changes with the patient and/or legal representative?*
- *Did the RNHCI develop and provide a discharge plan when it was requested?*

R161

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.736(b) Standard: Transfer or Referral

The RNHCI must transfer or refer patients in a timely manner to another facility (including a medical facility if requested by the beneficiary, or his or her legal representative) in accordance with §403.730(b)(2)

Interpretive Guidelines: §403.736(b)

The RNCHI must have a process for transferring or referring patients to other facilities, including medical facilities. The RNHCI's process should describe how they would recognize when a patient requires a referral or transfer and also assure appropriate handling of the transfer, including effectuating the transfer in a timely manner. We note that a transfer to a medical facility can only occur when the patient (and/or patient's representative or healthcare proxy) revokes their Election. RNHCI by nature should not be making referrals to medical facilities since that implies medical knowledge of a condition/diagnoses they believe the medical facility can address, which is outside the scope of a RNHCI. However, the process must include arrangement for appropriate and timely transport of the patient, as needed. Use of 9-1-1 to obtain transport does not, however, relieve the RNHCI of its obligation to arrange for the patient's transfer to an appropriate facility, including a medical facility if requested, and to provide the necessary information along with the patient.

In the event the RNCHI must transfer a patient to an acute medical facility, such as a hospital, the RNCHI must ensure any pertinent information concerning the identification of the patient's needs should be transferred with the patient. While RNCHIs by nature furnish only nonmedical nursing items and services to beneficiaries who choose to rely solely upon a religious method of healing, CMS would expect that if a patient requires a transfer to a medical facility, that the RNCHI provide any potentially relevant information about the patient that could be foreseen as critical to provide continuity of care for the patient.

In general, a patient transfer to another or a medical facility is only done when a patient elects to no longer receive care from the RNHCI. The RNHCI would be responsible for making arrangement to transfer the patient prior to discharge, only when the patient is no longer seeking to receive care at the RNHCI. In most circumstances, there would not be a condition for which the RNHCI would have to recognize a need for a patient to be transferred, other than the patient's (and/or patient's representative or healthcare proxy) election to no longer receive care at that facility. If an RNHCI transfers a patient to a medical facility, the RNHCI would not opine on medical diagnoses or treatment as mentioned above. The RNHCI transfer would only indicate what care they provided, but any description that would constitute a medical term or explanation would not be used. A RNHCI should not be expected to provide what a medical professional or medical facility would consider potentially relevant information about a patient that could be foreseen as critical to provide continuity of care of the patient at a medical facility.

We also note, additional transfer requirements are outlined for RNHCIs at §403.748(b)(7) under their Emergency Preparedness Program. Within the RNCHI's Emergency Program, the facility must have policies and procedures which address the development of arrangements with other RNHCIs and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of non-medical services to RNHCI patients. Please refer to Appendix Z, Tag 0025 for additional guidance.

Survey Procedures:

- *Verify transfer or referral policies to determine the following:*
    - *Does the RNHCI demonstrate timely transfers and referrals?*
    - *Are there policies and procedures in place for emergency situations, transfers, and/or referrals?*
- *Interview staff to determine how they convey transfers to patients and whether the RNHCI makes the appropriate transfers or referrals.*
- *Review a closed record in which a patient was transferred. Does the discharge/transfer plan indicate the reason and was the transfer consistent with the standard?*

R162

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.736(c) Standard: Reassessment

The RNHCI must reassess its discharge planning process on an ongoing basis. The reassessment must include a review of discharge plans to ensure that they are responsive to discharge needs.

Interpretive Guidelines: §403.736(c)

The RNHCI must have a policy and procedure for the evaluation and reassessment of its discharge planning process. We would anticipate that the RNHCI's reassessment process include a review of discharge plans for recently discharged patients to determine whether they were tailored to the patient's non-medical post-discharge needs. Additionally, we would encourage RNHCIs to review and determine if any patients returned for care within the RNHCI, which may be one indicator of the effectiveness of the discharge plan.

Survey Procedures:

- *Verify discharge planning policies to determine the following:*
    - *What is the facility process to assess its discharge planning activities on an ongoing basis?*
    - *How has the facility responded to changing discharge planning needs?*
    - *Has the reassessment included reviewing a sampling of discharge plans and following up with the patient or patient's legal representative, as appropriate?*

R175

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.738 Condition of Participation: Administration

An RNHCI must have written policies regarding its organization, services, and administration.

Interpretive Guidelines: §403.738

The RNHCI must have written policies which govern the organization, services provided to patients, and administration. The policies and procedures should be reviewed on an ongoing basis by the governing body (see §403.738(b)) who is legally responsible for the organization.

Survey Procedures:

- *Request to see the organizational chart and schedules.*
- *Does the RNHCI have policies regarding how services are provided to patients?*

- *Does the RNHCI have administration policies? How is administration handled?*
- *Interview the facility Administrator to ask them to explain the structure of the organization and services provided.*

R176

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.738(a) Standard: Compliance with Federal, State, and local laws.

The RNHCI must operate in compliance with all applicable Federal, State, and local laws, regulations, and codes including, but not limited to, those pertaining to the following:

(1) Protection against discrimination on the basis of race, color, national origin, age, or handicap (45 CFR parts 80, 84, and 91).

Interpretive Guidelines: §403.738(a)(1)

The RNHCI must be in compliance with all federal, state and local laws. While RNHCIs provide nonmedical services, the organization must comply with state and local regulations and codes. Specifically, the RNHCI must comply with Title VI of the Civil Rights Act of 1964, as amended (42 USC § 2000d), which prohibits discrimination on the basis of race, color, national origin, handicap (45 CFR 80) or disability (45 CFR 84), and the RNHCI must not discriminate against individuals on the basis of age (45 CFR 91).

Additionally, the RNHCI must also ensure that both the patient and patient's representative, and any visitors are free from discrimination, including its visitation policies and procedures.

The RNHCI policies and procedures pertaining to the protection of discrimination must also extend to staff working at the organization, including those services provided under arrangement.

Survey Procedures:

- *Review the RNHCI documentation of all personnel required.*
- *Ask the RNHCI to see documentation of anti-discrimination policies and procedures.*
- *Verify that staff trained to provide patient care in accordance with the RNHCI policies.*

R177

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(2) Protection of human research subjects (45 CFR part 46).

Interpretive Guidelines: §403.738(a)(2)

The RNHCI must also ensure compliance with federal, state and local laws, which should include policies and procedures to protect the patient. The fundamental principle of human subjects protection is to ensure that any patient receiving services at the RNHCI are not subjected to involuntary research, meaning without their informed consent.

The Office for Human Research Protections (OHRP) provides leadership in the protection of the rights, welfare, and wellbeing of human subjects involved in research conducted or supported by the U.S. Department of Health and Human Services (HHS). OHRP is part of the Office of the Assistant Secretary for Health in the Office of the Secretary of HHS. Additional information may be found at https://www.hhs.gov/ohrp/.

Survey Procedures:

- *Ask the RNHCI management to describe their processes for protecting patients against human research studies.*
- *Verify the organization has a policy for this protection.*

R178

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(3) Application of all safeguards to protect against the possibility of fraud and abuse (42 CFR part 455).

Interpretive Guidelines: §403.738(a)(3)

The RNHCI governing body and administration is responsible for ensuring that the organization complies not only with all federal, state and local laws, but also ensures patients and staff are protected from the possibility of fraud and abuse. In accordance with the requirements at 42 CFR 455, an organization is responsible for having mechanisms and criteria for identifying suspected fraud within the facility. The organization is responsible for having policies for reporting suspected fraud and abuse to the appropriate legal authorities and for referring suspected fraud cases to law enforcement officials.

Survey Procedures:

- Determine whether the facility is in compliance with Federal, State and local laws.
- *Verify the RNHCI has a process for detecting fraud and abuse and for reporting fraud and abuse to the appropriate legal authority.*

R179

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.738(b) Standard: Governing Body

(1) The RNHCI must have a governing body, or a person designated to function as a governing body, that is legally responsible for establishing and implementing all policies regarding the RNHCI's management and operation.

***Interpretive* Guidelines: §403.738(b)(1)**

The governing body is responsible for developing, reviewing, and updating its administrative and nonmedical policies and procedures. The provision of quality care and services requires that the RNHCI be responsive to internal and external needs and demands which may necessitate changes in program operation.

The governing body provides, monitors, and revises, as necessary, policies and operating directions that ensure the necessary staffing, training resources, equipment and environment to provide patients care and ensure their health and safety.

The governing body is responsible for compliance with all applicable laws and regulations pertaining to administration of the RNHCI and the quality and appropriateness of care. The governing body ensures the organization follows the policies and procedures and promotes frequent assessments of the services provided, physical environment, and overall performance of the organization's operations. The responsibility for direction includes areas such as health, safety, sanitation, maintenance and repair, and utilization and management of staff.

If staff have been trained, but are not implementing programs or are inappropriately deployed (e.g., there are enough staff but they are assigned to duties like record keeping which prevents them from delivering needed services), this may indicate a failure of the governing body to adequately direct staff activities.

Survey Procedures:

- How does the governing body exercise its responsibility for the entire operation of the RNHCI and evaluation of the RNHCI and its patients' outcomes?
- When deficiencies are identified during the survey, interview the administrator or review the minutes of governing body meetings, if available, to determine to what extent the governing body has identified and attempted to address the problem.

R180

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(2) The governing body must appoint the administrator responsible for the management of the RNHCI.

***Interpretive* Guidelines: §403.738(b)(2)**

One qualified full-time administrator must assume overall administrative responsibility for the entirety of RNHCI operation. The administrator should be knowledgeable regarding the services required by the patients who are served by the RNHCI. Furthermore, the administrator should be aware of any equipment or non-medical nursing services required by the organization to ensure patient care is provided within the scope of the organization.

The administrator is responsible for ensuring that personnel records contain all appropriate documentation required by the RNHCI.

Survey Procedures:

- *Interview the Administrator. Ask him/her to describe their roles and responsibilities within the RNHCI.*
- Review agreements with outside agencies to ensure that entities entering into affiliations with the RNHCI for purposes of management and operations meet the ownership requirements at §403.720(a)(7) and §403.738(c).

R181

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.738(c) Standard: Affiliations and Disclosure

(1) An affiliation is permissible if it is between one of the following:

(i) An individual serving as an uncompensated director, trustee, officer, or other member of the governing body of an RNHCI and a provider of medical treatment or services.

(ii) An individual who is a director, trustee, officer, employee, or staff member of an RNHCI and another individual, with whom he or she has a family relationship, who is affiliated with (or has an ownership interest in) a provider of medical treatment or services.

(iii) The RNHCI and an individual or entity furnishing goods or services as a vendor to both providers of medical treatment or services and RNHCIs.

Interpretive Guidelines: §403.738(c)(1)

Policies and procedures within the RNHCI should also include written documentation related to personnel disclosing affiliations as outlined within this standard. The organization should have disclosure agreements for staff working or providing services in the RNHCI.

Survey Procedures:

- *Interview the individuals responsible for personnel records (HR).*

- *Ask them to provide a copy of any disclosure agreements which may exist.*

R182

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(2) The RNHCI complies with the disclosure requirements of §§420.206 and 455.104 of this chapter.

Interpretive Guidelines: §403.738(c)(2)

The RNHCI must comply with disclosure requirements in accordance with this standard. This includes, but is not limited to, criteria of information which must be disclosed (e.g. ownership or control interest); time and manner of disclosure and the RNHCI administration should understand the consequences for failure to disclose such information.

Survey Procedures:

- *Verify through interview of the RNHCI administrator, the understanding of disclosure requirements.*

R183

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(3) The RNHCI furnishes written notice, including the identity of each new individual or company, to CMS at the time of a change, if a change occurs in any of the following:

(i) Persons with an ownership or control interest, as defined in §§420.201 and 455.101 of this chapter.

(ii) The officers, directors, agents, or managing employees.

(iii) The religious entity, corporation, association, or other company responsible for the management of the RNHCI.

(iv) The RNHCI's administrator or director of nonmedical nursing services.

Interpretive Guidelines: §403.738(c)(3)

The RNHCI provides written notice to CMS about any changes to the organization, including changes to persons with ownership, the business structure, officers and managers, or the administrator or director of nonmedical nursing services. Written notice may also take form of delegations of authority which outline the individuals responsible for the management of the organization.

Survey Procedures:

- *Interview the Administrator or Director and determine if the facility should be knowledgeable of the requirement to submit this information when a change has occurred, however,* ***there may not be any documentation/specific survey process for this standard at the time of survey.***

R184

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(4) RNHCIs must comply with the Federal, State, and Local laws pertaining to "privacy of individual identifiable health information (45 CFR 164)."

Interpretive Guidelines: **§403.738(c)(4)**

The RNHCI must comply with requirements related to protected health information of patients and compliance with applicable the Health Insurance Portability and Accountability Act (HIPAA) Rules at 45 CFR parts 160 and 164.

Survey Procedures:

- Determine whether the facility is in compliance with Federal, State and local laws. (*Also* refer to R176, R177, and R178)

R190

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.740 Condition of Participation: Staffing

The RNHCI must be staffed with qualified experienced personnel who are present in sufficient numbers to meet the needs of the patients.

Interpretive Guidelines: §403.740

*T*he RNHCI *must be* staffed with sufficient, qualified personnel. To be an efficient and well-run institution, all staff, including those not directly involved in patient care, must work to improve the overall quality of the facility.

Staff are available and know how to respond to individual patients' needs and emergencies at all times. The RNHCI has sufficient staff to provide needed care and services.

The test of adequacy of staffing is how well the facility has organized itself to detect and react appropriately to potential emergencies, such as fire, injuries, etc. The RNHCI is responsible for organizing and evaluating its activities, assignments and available staff in such a way that maximizes the benefit to the patient.

Survey Procedures:

- Is there observational or other evidence to suggest that patients' needs are not being met (e.g., demonstrate need for toileting, changing) while staff do laundry, housekeeping, cooking, or other tasks?

- *Interview staff and ask them questions related to their schedules and patient load. Determine the number of patients versus the number of staff. Can non-medical care be provided effectively?*

R191

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.740(a) Standard: Personnel Qualifications

The RNHCI must ensure that staff who supervise or furnish services to patients are qualified to do so and that staff allowed to practice without direct supervision have specific training to furnish these services.

***Interpretive* Guidelin*es:* §403.740(a)**

In order to determine whether RNHCI staff are "qualified," in the absence of specific Federal, State, or local laws, review staff records for evidence of work experience and training (including, but not limited to, educational or life experience) with respect to duties currently performed.

This standard applies to all such individuals who furnish services, whether or not they are employed or compensated by the RNHCI or, if they are compensated, whether salaried or contractors.

Survey Procedures:

- *Review personnel records.*

  - *Are staff in food services trained and have the safe quality food certifications?*
  - *Is housekeeping staff trained in sanitation and infection control?*
  - *Are staff trained in routine first aid?*

R192

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.740(b) Standard: Education, Training, and Performance Evaluation

(1) The RNHCI must ensure that staff (including contractors and other individuals working under arrangement) have the necessary education and training concerning their duties so that they can furnish services competently. This education includes, but is not

limited to, training related to the individual job description, performance expectations, applicable organizational policies and procedures, and safety responsibilities.

***Interpretive Guidelines*: §403.740(b)**

The RNHCI should have a comprehensive program for education and training of staff, including contractors as well as services being provided under arrangement. Education and training should focus on the basic orientation of staff to the facility, the services it provides and the patient population it serves. This could be part of a general orientation for new hires. Additionally, staff, contractors and individuals providing services under arrangement should have ongoing training and be assessed for competence. This could include training on updated policies and procedures used by the organization or changes in services being provided. Additionally, management of the RNHCHI is also responsible for having a process for performance evaluation of staff.

Survey Procedures:

- How does the facility orient personnel (including contractual personnel) to RNHCI objectives, policies, procedures, and programs?
- How does coordination of care among staff and/or contract personnel providing services to the facility occur?
- Have staff received training (both upon hiring and on an ongoing basis) which results in the competencies needed to do their job?
- Are staff aware and capable of meeting their job requirements?

R193

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(2) Staff must demonstrate, in practice, the skills and techniques necessary to perform their duties and responsibilities.

Interpretive Guidelines: §403.740(b)(2)

As part of the performance evaluation, the RNHCI should establish a process for staff to demonstrate their ability to perform their duties and responsibilities. For instance, RNHCI management or individuals who supervise staff may conduct observations of care provided to a patient, such as routine bathing or assisting a patient in movement from bed to chair.

Survey Procedures:

- *Interview supervisory staff and ask them what their process is for evaluating competency among their staff.*
- *Review personnel records. Do RNHCI staff have documentation of their performance reviews?*
- Observe whether or not staff are knowledgeable about the needs of each patient with whom they are assigned to work.

R194

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(3) The RNHCI must evaluate the performance of staff and implement measures for improvement.

Interpretive Guidelines: **§403.740(b)(3)**

For effective service and safety of the patients, it is critical that all staff use the skills and techniques necessary to do their jobs correctly. *As part of the organization's performance evaluation, the RNHCI must also have a process for assessing improvement. For instance, in the event an evaluation of a staff member results in potential for improvement, does the organization track the methods for improvement? Are there reassessments and evaluation to determine if implemented measures for improvement were effective?*

Survey Procedures:

- How has the facility addressed areas of weakness identified in its evaluation of its staff and incorporated actions to improve staff and the facility's overall performance?
- How does coordination of care among staff and/or contract personnel providing services to the facility occur on an ongoing basis?

R200

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.742 Condition of Participation: Physical Environment

A RNHCI must be designed, constructed, and maintained to ensure the safety of the patients, staff, and the public.

§403.742(a) Standard: Buildings

The physical plant and the overall environment must be maintained in a manner that ensures the safety and well-being of the patients. The RNHCI must have the following:

Interpretive Guidelines*:* §403.742*(a)*

The RNHCI must ensure that the condition of the physical plant and overall organization's environment is developed and maintained in a manner to ensure the safety and well-being of patients. This includes ensuring that routine and preventive maintenance are performed as

necessary, in accordance with Federal and State laws, regulations, and guidelines and manufacturer's recommendations, by establishing maintenance schedules and conducting ongoing maintenance inspections to identify areas or equipment in need of repair. The RNHCI

must be constructed and maintained to ensure risks are minimized for patients as well as for employees and visitors. This may include but not be limited to accessibility (e.g. wheelchair ramps, etc.); safety features (hand rails; call-systems etc.), but also includes environmental hazards further explained within this condition under subsequent standards.

Survey Procedures:

- *Observe the RNHCI. Conduct a building tour.*
- *Verify that the condition of the RNHCI is maintained in a manner to assure the safety and well-being of patients (e.g., condition of ceilings, walls, and floors, presence of patient hazards, etc.).*

R202

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.742(a) Standard: Buildings […The RNHCI must have the following:]

(1) Procedures for the proper storage and disposal of trash.

Interpretive Guidelines: §403.742(a)(1)

The term trash refers to common garbage as well as biohazardous waste. The storage and disposal of trash must be in accordance with Federal, State and local laws and regulations (i.e., EPA, OSHA, CDC, State environmental, health and safety regulations).

Additionally, under §403.748(b)(1), RNCHIs are required to have a policy and procedure which addresses the provision of sewage and waste disposal in the event that staff and patients are required to evacuate or shelter in place.

Determine which citation would be most appropriate, R202 or E-0015. If concerns arise, contact your Physical Environment subject expert or the CMS Location for additional guidance.

Survey Procedures:

- *Verify the RNHCI has policies and procedures for the proper storage and disposal of trash.*
- *During the tour, ensure that patients do not have access to soiled diapers, linens, bandages, or any other potentially infectious materials. (These materials must be handled in a manner that prevents leakage from containers by exposure to the general environment).*
- *During the tour, ensure patients, caregivers, staff and visitors are protected from hazardous waste materials or potentially infectious materials.*

R203

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.742(a) Standard: Buildings […The RNHCI must have the following:]

(2) Proper ventilation and temperature control and appropriate lighting levels to ensure a safe and secure environment.

Interpretive Guidelines: §403.742(a)(2)

"Proper ventilation" is represented by characteristics such as good air circulation, consistent air temperature, and adequate smoke exhaust removal. Air temperatures in the facility should be comfortable in most circumstances. In extremely hot or cold weather, precautions are taken by the facility to protect individuals from ill-effects of temperature.

"Appropriate lighting levels" are light levels which meet patient needs, as well as meet the needs of caregivers providing services and visitors/staff within the RNCHI.

Please also refer to Appendix Z for Emergency Preparedness Tag E-0015, §403.748(b)(1)(ii)(A) and (B)—which requires the facility to have policies and procedures in place to ensure that alternate sources of energy are available to maintain temperatures to protect patient health and safety and to ensure emergency lighting is available in the event that staff and residents need to evacuate or shelter in place—and determine which citation would be most appropriate. If concerns arise, contact your Physical Environment subject expert or the CMS Location for additional guidance.

Survey Procedures:

- *During the building tour, observe lighting as well as temperatures and airflow.*
- *Verify documentation to determine:*
  - *How does the RNHCI regulate temperature, ventilation, and lighting?*
- *Verify during the building tour:*
  - *Is there good air movement?*
  - *Are patient areas ventilated?*
- *What does the facility do to accommodate temperature, lighting, and ventilation to meet patient needs?*

R206

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.742(a) Standard: Buildings […The RNHCI must have the following:]

(3) An effective pest control program.

Interpretive Guidelines: §403.742(a)(3)

RNCHIs by nature furnish nonmedical services, primarily through caring for the physical needs of nonmedical patients. For example, caring for the physical needs may include assistance with activities of daily living; assistance in moving, positioning, and ambulation; nutritional needs; and comfort and support measures. In any healthcare setting, sanitation is critical and pests (which may include but are not limited to cockroaches, bedbugs, ants, spiders, mice and rodents) are known to carry different bacteria and viruses, which could have the potential for harm to patients.

Therefore, RNCHIs must have a developed pest control program which is effective.

Survey Procedures:

- *Look for signs of pests such as mice, roaches, rats, bedbugs, and flies.*
- *Is the area pest free?*
- *Ask facility leadership or building manager to describe their pest control program; verify the program is in writing.*

R207

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.742(a) Standard: Buildings […The RNHCI must have the following:]

(4) A preventive maintenance program to maintain essential mechanical, electrical, and fire protection equipment operating in an efficient and safe manner.

Interpretive Guidelines: §403.742(a)(4)

The RNCHI must have a preventative maintenance program that considers essential mechanical, electrical, and fire prevention equipment condition, equipment function, consequences of equipment failure, and the operational environment. Maintenance is performed to optimize reliability, including ensuring that routine and preventive maintenance and testing activities are performed as necessary, in accordance with Federal and State laws, regulations, guidelines, and manufacturer's recommendations, and by establishing maintenance schedules and conducting ongoing maintenance inspections to identify areas or equipment in need of repair.

RNHCIs may also want to consider incorporating this requirement into their required Emergency Preparedness Program.

Survey Procedures:

- *Verify the RNCHI has a preventive maintenance program.*
- *Does the RNCHI have a process for ensuring equipment is checked for quality, expiration and follows manufacturer instructions?*

R208

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.742(a) Standard: Buildings […The RNHCI must have the following:]

(5) A working call system for patients to summon aid or assistance.

Interpretive Guidelines: §403.742(5)

Patients must have the ability to summon aid or assistance from staff. The environment should reflect the unique needs and preferences of each patient to the extent reasonable and should accommodate any physical limitations. Therefore, the RNCHI should have a working call system within the patients reach and the patient is able to use it if desired.

Survey Procedures:

- *Observe patient care areas.*
- *Does the patient have access to a call system?*
- *Is the call system operational and does it allow patients to summon staff for assistance or aid?*

R209

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.742(b) Standard: Patient Rooms

Patient rooms must be designed and equipped for adequate care, comfort, and privacy of the patient.

Interpretive Guidelines: §403.742(b)

Each patient has the right to be provided care in a safe setting and a right to privacy. To help patients feel more comfortable, patients should have an ability to have control of their privacy, including avoiding being 'on display' to people in the hallway by having a privacy curtain at the room door which they control. Additional considerations may also include easy access to phones and personal computing devices and easy-to-reach outlets for charging those devices.

Patient rooms should be maintained in a clean manner. It is the responsibility of the RNHCI to ensure patient rooms are free from hazards, including waste and trash.

Survey Procedures:

- *Request to visit a patient in their room. Observe the room and bathroom, if applicable, for cleanliness.*
- *Ask the patient if they feel they have privacy within their room.*

R210

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(1) Patient rooms must meet the following conditions:

(i) Accommodate no more than four patients.

Interpretive Guidelines: §403.742(b)(1)(i)
RNHCI rooms must maintain patient privacy, comply with federal, state and local building codes and may not exceed four patients per room.

Survey Procedures:

- *Visit several patient rooms to verify that no more than four patients share a room.*
- *Ask staff what the maximum number of patients are to one room.*

R211

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(ii) Measure at least 80 square feet per patient in multiple patient rooms and at least 100 square feet in single patient rooms.

Interpretive **Guidelines: §403.742(b)(1)(ii)**

The measurement of the square footage should be based upon the useable living space of the room. Therefore, the minimum square footage in patient rooms should be measured based upon the floor's measurements exclusive of toilets and bath areas, closets, lockers, wardrobes, alcoves,

or vestibules. However, if the height of the alcoves or vestibules reasonably provides useful living area, then the corresponding floor area may be included in the calculation.

The space occupied by movable wardrobes should be excluded from the useable square footage in a room, unless it is an item of the patient's own choice, and it is in addition to the individual closet space in the patient's room. Non-permanent items of the patient's own choice should have no effect in the calculation of useable living space.

Protrusions such as columns, radiators, ventilation systems for heating and/or cooling should be ignored in computing the useable square footage of the room if the area involved is minimal (e.g., a baseboard heating or air conditioning system or ductwork that does not protrude more than 8 inches from the wall, or a column that is, not more than 8 inches on each side), and does not have an adverse effect on the patient's health and safety. If these protrusions are not minimal, they would be deducted from useable square footage computed in determining compliance with this requirement.

The swing or arc of any door that opens directly into the patient's room should not be excluded from the calculations of useable square footage in a room.

Survey Procedures:

- *The majority of the RNHCI rooms are generally single patient rooms. However, if the surveyor determines the room appears small,* take measurements.
- *If the measurements of the small room result in a deficiency with the requirement, request a floor plan which includes square footage and/or sample at least 3 patient rooms to confirm this is not a systemic issue within the facility.*
- Unless a variance has been applied for and approved as at §403.742(b)(3), are there at least 80 square feet per patient in multiple patient rooms and at least 100 square feet for single patient rooms?

R212

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(iii) Have direct access to an exit corridor.

***Interpretive* Guideline*s:* §403.742(b)(1)(iii)**

Patient rooms must have direct access to an exit corridor. There is no authority under current regulations to approve a variance to this requirement. *This means every patient room must allow a patient to exit their room directly into a corridor that provides access to an exit from the building. Access from the patient room to an exit corridor shall not require passing through an intervening room to reach an exit access corridor.*

Survey Procedures:

- *Verify by a walk though, that patient rooms have access to an exit corridor.*

R213

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(iv) Be designed or equipped to assure full visual privacy for each patient.

Interpretive **Guideline*****s:*** **§403.742(b)(1)(iv)**

"Full visual privacy" means that patients have a means of completely withdrawing from public view while occupying their bed (e.g., curtain, moveable screens, private room).

The guidelines do not intend to limit the provisions of privacy to solely one or more curtains, moveable screens or a private room. Facility operators are free to use other means to provide full visual privacy, with those means varying according to the needs and requests of patients. However, the requirement explicitly states that bedrooms must "be designed or equipped to assure full visual privacy for each patient." For example, a patient with a bed by the window cannot be required to remain out of his or her room while his/her roommate is having a dressing changed. Room design or equipment must provide privacy.

Survey Procedures:

- Surveyors will assess whether the means the facility is using to assure full-visual privacy meets this requirement without negatively affecting any other patient rights.

R214

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(v) Have at least one window to the outside.

Interpretive Guidelines: §403.742(b)(1)(v)

Every patient sleeping room shall have an outside window. A facility with patient room windows that open to an outside atrium such as a courtyard in accordance with Life Safety Code, can meet this requirement for a window to the outside. Windows facing an interior atrium, skylights, etc., do not meet this requirement.

In addition, the intent of this standard is to ensure that the patient has orientation to day and night, weather, and general awareness of space outside the facility. The facility should provide for a safe, clean, comfortable and homelike environment by deemphasizing the institutional character of the setting, to the extent possible. Windows are an important aspect in assuring the

homelike environment of a facility. Therefore, patient rooms must have one window to the outside as means of egress and to comply with the building requirements for RNHCIs.

Survey Procedures:

- *During the building tour or patient room observations, verify that patient rooms have a window.*

R215

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(vi) Have a floor at or above grade level.

Interpretive Guidelines: §403.742(b)(1)(vi)

"At or above grade level" means a room in which the room floor is at or above the surrounding exterior ground level. No patient rooms in basements or below ground level are allowed.

Survey Procedures:

- *Are the bedrooms at or above ground level?*

R216

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(2) The RNHCI must furnish each patient with the following:

(i) A separate bed of proper size and height for the convenience of the patient.

Interpretive Guidelines: §403.742(b)(2)(i)

The RNHCI must provide functional furniture appropriate to the patient's needs. This means that the furniture in each patient's room should contribute to the patient attaining or maintaining his or her highest practicable level of independence and well-being. Part of the furnishings include bed of proper size and height for the patient.

Survey Procedures:

- *Verify the beds in the patient rooms are an appropriate size.*

R217

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(ii) A clean, comfortable mattress.

Interpretive Guidelines: §403.742(b)(2)(ii)

The RNHCI must provide patients with a clean and comfortable mattress which is free from soil, stains or defects. Some examples of mattress defects would include protruding coils or frame, significant indentations, pad bunching, splitting at seams, and torn fabric.

Survey Procedures:

- *Verify in unoccupied rooms that the mattresses are clean, comfortable and free from defects. If no unoccupied room is available, ask to see a patient's room and check the mattress without disturbing a patient.*

R218

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(iii) Bedding appropriate to the weather and climate.

Interpretive Guidelines: §403.742(b)(2)(iii)

The RNHCI must provide patients with bedding which is appropriate to the weather and climate. For instance, the bedding in the winter months may be heavier and the patients may have additional blankets to provide a comfortable setting. In addition to weather and climate, bedding should also be maintained appropriately based on the temperature being maintained by the RNHCI. If the indoor temperature is being adequately maintained, heavier or lighter bedding may not be necessary. Bedding for comfort should also be based on considerations of patient needs or wishes within reason.

Survey Procedures:

- *Verify if bedding is appropriate to weather and climate, including based on the temperature at which the facility is being maintained.*

R219

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(iv) Functional furniture appropriate to the patient's needs and individual closet space with clothes racks and shelves accessible to the patient.

Interpretive **Guideline*****s:*** **§403.742(b)(2)(iv)**

"Functional furniture appropriate to the patient's needs" means that the furniture in each patient's room contributes to the patient attaining or maintaining his/her highest practicable level of independence. In general, furnishings include places to put clothing away in an organized manner that will let it remain clean, free of wrinkles, and accessible to the patient while protecting it from casual access by others, and places to put personal effects.

There may be instances in which individual patients determine that certain items are not necessary (e.g., both the patient and spouse use wheelchairs. They visit more easily without another chair in the room.) In this case, the patient's wishes could determine the furniture needs.

"Shelves accessible to the patient" means that the patient, if able, or a staff person at the direction of the patient, can get to their clothes whenever they choose.

Survey Procedures:

- Is there functional furniture appropriate to the patients' needs?
- Is there individual closet space with accessible clothes racks and shelves?

R220

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

(3) CMS may permit variances in requirements specified in paragraphs (b)(1)(i) and (ii) of this section relating to rooms on an individual basis when the RNHCI adequately demonstrates in writing that the variances meet the following:

(i) Are in accordance with the special needs of the patients.

(ii) Will not adversely affect patients' health and safety.

***Interpretive* Guidelines: §403.742(b)(3)**

A variance must be in accordance with the special needs of the patients and must not adversely affect the health or safety of patients. Facility hardship is not part of the basis for granting a variance. *Since the special needs of patients may change periodically, or different patients may be transferred into a room that has been granted a variation, variations must be reviewed and considered for renewal whenever the facility is certified. If the needs of the patients within the room have not changed since the last inspection, the variance should continue if the facility so desires.*

Survey Procedures:

- The variances must be reviewed and considered for renewal whenever the facility is certified.

R224

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.744 Condition of Participation: Life Safety From Fire

§403.744(a) General

An RNHCI must meet the following conditions:

Interpretive Guidelines: §403.744

The manner and degree of noncompliance identified in relation to the standard-level tags for §403.744 may result in substantial noncompliance with this CoP, requiring citation at the condition-level.

***Survey Procedure*: §403.744 (a)**

The Physical Environment CoP standards at §403.742 are typically reviewed as part of the health and safety survey. However, all surveyors should assess the RNHCI's compliance with the Physical Environment CoP during the course of their health and safety or LSC survey. The Life Safety Code (LSC) survey is typically conducted separately by surveyors trained to assess life safety from fire requirements at §403.744. There are separate survey reports (i.e. Form CMS-2786-Fire Safety Survey Report, Form CMS-2567-Statement of Deficiencies and Plan of Correction) completed by the LSC surveyors who evaluate compliance with the LSC. Survey procedures for LSC requirements are found in Appendix I.

R225

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.744(a) General. An RNHCI must meet the following conditions:

(1) Except as provided in this section-

(i) The RNHCI must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12–1, TIA 12–2, TIA 12–3, and TIA 12–4).

Interpretive Guidelines: §403.744(a)(1)(i)

Medicare and Medicaid participating RNHCI must comply with the 2012 edition of the NFPA 101-LSC and Tentative Interim Amendments 12-1 through 12-4. The applicable LSC Chapters will depend upon the type of health care services being provided by the RNHCI.

Survey Procedures:

Compliance with the 2012 edition of the LSC is assessed by the designated State fire authority *trained in assessing LSC requirements*. *In accordance with responsibilities detailed at SOM §2054.1,* CMS must establish a procedure for the State fire authority to notify them whether the facility is or is not in compliance with the requirement. If the *health and safety* survey team observes fire hazards or possible deficiencies in life safety from fire, they must notify the designated State fire authority and *the CMS Location*.

Survey procedures for LSC requirements are found in Appendix I.

R226

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.744(a) General. An RNHCI must meet the following conditions:

(1) Except as provided in this section-

(ii) Notwithstanding paragraph (a)(1)(i) of this section, corridor doors and doors to rooms containing flammable or combustible materials must be provided with positive latching hardware. Roller latches are prohibited on such doors.

Interpretive Guidelines: **§403.744 (a)(1)(ii)**

Corridor doors and doors to rooms containing flammable or combustible materials must be provided with hardware that has a latch to keep the door in a closed position. Roller latches, which will release by pushing on the door, are prohibited on such doors.

Survey Procedure:

The LSC surveyors will assess the corridor doors and doors to hazardous areas during the LSC survey. However, if health surveyors find questionable door closures, this should be discussed with the LSC surveyor.

R227

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.744(a)(2) The RNHCI must have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, staff, and the public; evacuation; and cooperation with fire fighting authorities.

Interpretive Guidelines: **§403.744(a)(2)**

The RNHCI must have written plans containing all elements of this standard. The RNHCI is required to have a process which establishes cooperation with firefighting authorities.

Survey Procedures: §403.744 (a)(2)

- *Review the written fire control plans to verify they contain the required provisions for prompt reporting of fires; extinguishing fire; protection of patients, staff, and the public; evacuation; and cooperation with fire authorities.*

- *Verify that staff have reported all fires as required to State and local officials.*

- *Interview staff throughout the facility to verify their knowledge of their responsibilities during a fire. This is usually done during the LSC survey, but health surveyors may also verify staff knowledge.*

R228

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.744(a)(3) The RNHCI must maintain written evidence of regular inspection and approval by State or local fire control agencies.

Interpretive Guidelines: §403.744 (a)(3)

The RNHCI, as part of the fire control plans, must have a process for regular inspection and approval by State or local fire control agencies. The inspection cycle may be based on state and local laws, however inspections must be conducted in regular intervals.

Survey Procedures:

Examine copies of reports from State and local fire control agencies and verify the facility undergoes regular inspections and maintains necessary approvals required by the State or local fire authorities.

R229

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.744(a)(4) The RNHCI may place alcohol based hand rub dispensers in its facility if the dispensers are installed in a manner that adequately protects against inappropriate access.

Interpretive Guidelines: §403.744(a)(4)

Alcohol-based hand rub (ABHR) dispensers are a common infection control method. Healthcare-acquired infections are of increasing concern, and many such infections are transmitted because health care workers do not wash their hands or do so improperly or inadequately. An important aspect of getting health care workers to use ABHR dispensers is their accessibility. The American Hospital Association commissioned a study to determine the safest method to place ABHR dispensers in corridors. As a result of this study, the LSC was amended to permit their use under certain conditions in patient care areas and egress corridors. CMS requires that ABHR dispensers be installed in a manner that protects against inappropriate access by persons who may not comprehend the associated risks of misusing ABHR solutions, which are both toxic and flammable (e.g., children, individual with intellectual disabilities, etc.). In order to avoid dangerous situations, RNHCIs must take appropriate precautions to secure ABHR dispensers from inappropriate access. This means RNHCIs could choose to install ABHR dispensers only in areas that can be easily and frequently monitored, such as in view of a nurse's station or areas that are continuously monitored with a security camera, or not install them at all in other areas.

Survey Procedures:

- *Determine whether the RNHCI maintains the ABHR dispensers in accordance with the manufacturer's guidelines, or, if there are no manufacturer's guidelines, that the RNHCI has adopted policies and procedures to ensure that the dispensers are maintained*.

R230

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.744(a)(5) When a sprinkler system is shut down for more than 10 hours the *RNCHI* must:

- **(i) Evacuate the building or portion of the building affected by the system outage until the system is back in service, or**
- **(ii) Establish a fire watch until the system is back in service.**

Interpretive Guidelines: §403.744(a)(5)

If the RNCHI is required to be in a sprinkler protected building, in accordance with the LSC, the sprinkler system is a significant fire protection feature. Therefore, when a sprinkler system is out of service for more than 10 hours in a 24-hour period, this regulation and the LSC requires either an evacuation of the building or portion of the building affected by the system outage, or the establishment of a fire watch until the sprinkler system has been returned to service.

A fire watch consists of trained personnel who continuously patrol the affected areas until the sprinkler system has been restored. The personnel must have access to fire extinguishers and the ability to quickly notify the fire department. Fire watch personnel lookout for fire and other

hazardous situations. They also ensure that fire protection features of the building (e.g., extinguishers, means of egress, alarm systems) are available and functioning. The fire department is to be notified any time the building sprinkler system is out of service.

Survey Procedures:

If applicable, the LSC surveyors will assess the sprinkler system during the LSC survey, but health surveyors should also assess the status of the sprinkler system at the time of the health survey to determine if the sprinkler system has been out of service for more than 10 hours, and if so, confirm that an evacuation or a fire watch is in effect.

R231

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.744(a)(6) Building must have an outside window or outside door in every sleeping room, and for any building constructed after July 5, 2016 the sill height must not exceed 36 inches above the floor. Windows in atrium walls are considered outside windows for the purposes of this requirement.

Interpretive Guidelines: §403.744(a)(6)

Every patient sleeping room shall have an outside window or door. Rooms intended for less than 24 hours occupancy do not require outside windows or doors. Windows in atrium walls are considered outside windows for the purpose of this requirement.

In buildings constructed after July 5, 2016, the maximum allowable sill height is 36 inches above the floor.

Survey Procedures:

Identify patient sleeping rooms intended to be occupied for more than 24 hours. Confirm these rooms have an outside window or outside door. If the building was constructed after July 5, 2016, confirm the outside window sill is 36 inches or less above the floor.

R232

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.744(b) Exceptions

(1) In consideration of a recommendation by the State survey agency or Accrediting Organization, or at the discretion of the Secretary, may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a RNHCI facility, but only if the waiver will not adversely affect the health and safety of the patients.

(2) If CMS finds that the fire and safety code imposed by State law adequately protects patients in the institution, the provisions of the Life Safety Code required in paragraph (a)(1) of this section do not apply in that State.

Interpretive Guidelines: §403.744(b)(1) and (2):

LSC waivers for deficiencies that would result in unreasonable hardship on a RNHCI to correct and will not adversely affect the health and safety of patients may be requested by the facility as part of the survey Plan of Correction. Waiver requests that the survey agency recommends are sent to CMS Location for adjudication.

Life safety from fire requirements listed in the regulation that are not specific provisions of the LSC are not subject to the LSC waiver allowance. These deficiencies must be corrected as part of the survey plan of correction within a reasonable period of time acceptable to CMS, ordinarily within 60 days of being notified of the deficiencies.

The LSC requirements do not apply in a State if CMS finds that a fire and safety code imposed by State law adequately protects patients in an RNHCI. Surveyors should refer to Chapter 2, section 2470E for guidance.

Survey Procedures:

LSC waivers for deficiencies that would result in unreasonable hardship on a RNHCI to correct and that have no effect on the health and safety of patients may be requested by the facility as part of the survey plan of correction. Waiver requests and necessary supporting documentation received from the RNHCI as part of the survey plan of correction are reviewed by the survey agency. Waiver requests that the survey agency recommends, including supporting documentation, are then forwarded to the appropriate CMS Location for the final decision on whether to approve or deny the waiver. A request for a LSC waiver must be sent to the appropriate CMS Location as part each subsequent survey plan of correction.

R234

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§ 403.745 Condition of participation: Building Safety.

(a) Standard: Building Safety. Except as otherwise provided in this section the RNHCI must meet the applicable provisions and must proceed in accordance with the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12–2, TIA 12–3, TIA 12–4, TIA 12–5 and TIA 12–6).

(b) Standard: Exceptions. Chapters 7, 8, 12, and 13 of the adopted Health Care Facilities Code do not apply to a RNHCI.

(c) Waiver. If application of the Health Care Facilities Code required under paragraph (a) of this section would result in unreasonable hardship for the RNHCI, CMS may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of individuals.

(d) Incorporation by reference. The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may inspect a copy 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: http://www.archives.gov/federal□register/code□of□federal□regulations/ibr□locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.

(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.
(i) NFPA 99, Standards for Health Care Facilities Code of the National Fire Protection Association 99, 2012 edition, issued August 11, 2011.
(ii) TIA 12–2 to NFPA 99, issued August 11, 2011.
(iii) TIA 12–3 to NFPA 99, issued August 9, 2012.
(iv) TIA 12–4 to NFPA 99, issued March 7, 2013.
(v) TIA 12–5 to NFPA 99, issued August 1, 2013.
(vi) TIA 12–6 to NFPA 99, issued March 3, 2014.
(2) [Reserved]

Interpretive Guidelines: §403.745

Compliance with 2012 edition of the NFPA 99-Health Care Facilities Code requirements is assessed by a LSC surveyor during the RNHCI LSC survey. LSC survey procedures, which include surveying for Health Care Faculties Code requirements, are found in Appendix I.

R235

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.746 Condition of Participation: Utilization Review

The RNHCI must have in effect a written utilization review plan to assess the necessity of services furnished. The plan must provide that records be maintained of all meetings, decisions, and actions by the utilization review committee.

***Interpretive* Guideline*s:* §403.746**

Determine that the RNHCI has a written utilization review plan to assess the necessity of services furnished by the RNHCI and its staff to Medicare and Medicaid patients. Verify through review of records and reports, and interviews with the Utilization Review (UR) chairperson and/or members, that UR activities are being performed as described in the plan.

Survey Procedures:

- Review the minutes of the UR committee to verify that they include procedures for evaluating admissions as stated in §403.746(a).

R236

(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.746(a) Standard: Utilization Review Plan

The utilization review plan must contain written procedures for evaluating the following:

(1) Admissions.

(2) Duration of care.

(3) Continuing care of an extended duration.

(4) Items and services furnished.

Interpretive Guidelines: §403.746(a)

The RNHCI should have procedures that provide for a systematic evaluation of its total program to ensure appropriate utilization of services and to determine whether the organization's policies are followed in providing services to patients through employees or under arrangements with others. This may include but is not limited to admissions, duration of care, continuing care and items and services furnished to patients.

Written reports of the results of the evaluation should be maintained, and the RNHCI should have a performance improvement plan that collects data about the organization's performance on an ongoing basis. The evaluation should be conducted by the professional staff of the organization and outside professionals, where appropriate. These reports should contain the names of those participating in the evaluation, the results, and expected action, if indicated.

Survey Procedures:

- *Verify that the RNHCI has written procedures which evaluate the elements of this standard.*

R237
(Rev. 239; Issued: 04-24-26; Effective: 04-24-26; Implementation: 04-24-26)

§403.746(b) Standard: Utilization Review Committee

The committee is responsible for evaluating each admission and ensuring that the admission is necessary and appropriate. The utilization review plan must be carried out by the utilization review committee, consisting of the governing body, administrator or other individual responsible for the overall administration of the RNHCI, the supervisor of nursing staff, and other staff as appropriate.

***Interpretive* Guideline*s*: §403.746(b)**

In addition to the RNHCI's written evaluation procedures of the processes related to admissions, duration of care, continuing care, and items and services furnished to patients; the RNHCI must also have a utilization review committee, which takes part in the evaluations. The committee must evaluate each admission and ensure that it is necessary and appropriate. The committee consists of the governing body, administrator or other individual responsible for the overall administration of the RNHCI, the supervisor of nursing staff, and other staff as appropriate. These individuals should provide feedback related to the processes and ensure corrective actions are carried out to systematically improve the organization's care provided, especially the admissions process.

Survey Procedures:

- Review the Utilization Review plan and the determinations involving all admissions or extended stays.
- Verify that the composition of the UR committee is appropriate.

REFER TO E-TAGS (Appendix Z)

§ 403.748. Condition of Participation. Emergency Preparedness

The Religious Nonmedical Health Care Institution (RNHCI) must comply with all applicable Federal, State, and local emergency preparedness requirements. The RNHCI must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

Interpretive Guidelines §403.748

The organization must comply with all Emergency Preparedness requirements under this condition. This condition consists of multiple standards. Please refer to State Operations Manual Appendix Z – Emergency Preparedness for All Providers and Suppliers.