

CRITICAL ACCESS HOSPITALS

Swing-Bed Services					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>Does CAH meet the eligibility requirements:</p> <p>a. certified as a CAH?</p> <p>b. provides no more than 25 beds?</p> <p>C-1602 §485.645(a)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SNF PATIENT RIGHTS					
<p>Does the CAH ensure that when a swing-bed patient has been adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised by the resident representative appointed under State law to act on the resident's behalf. The court-appointed resident representative exercises the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.</p> <p>a. is there documentation in the medical record of the court decision?</p> <p>is there documentation in the medical record of the scope /extent of court appointed decision making?</p> <p>§483.10(b)(7) C-1608 §485.645(d)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Planning and implementing care. The resident has the right to be informed of, and participate in, his or her treatment, including: The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>Does the CAH communicate with the patient in ways that are easy to understand?</p> <p>Does the CAH use plain language in communication that explains technical and medical terminology in a way that makes sense to swing bed resident?</p> <p>Does the CAH offer language assistance services to those individuals with limited English proficiency?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>Does the CAH provide qualified sign language interpreters or auxiliary aids if hearing is impaired?</p> <p>§483.10(c)(1) C-1608 §485.645(d)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the CAH ensure the swing-bed patient’s right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: The right to be informed, in advance, of changes to the plan of care.</p> <p>Does the CAH support and encourage patient and/or family involvement in decisions regarding care and treatment?</p> <p>§483.10(c)(2)(iii) C-1608 §485.645(d)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the CAH ensure the swing-bed patient has the right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research?</p> <p>If the CAH swing-bed resident is being considered for experimental research participation, is the individual fully informed of the nature of the research and consequences of participation?</p> <p>Is the swing-bed resident provided with informed consent realizing risks and benefits prior to participation in the experimental research?</p> <p>Does the CAH allow each swing-bed resident to formulate an advance directive and provide information on advance directives to those without?</p> <p>§483.10(c)(6) C-1608 §485.645(d)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the CAH ensure that each swing bed resident has the right to choose his or her attending physician?</p> <p>Has the CAH verified each physician is licensed to practice in Missouri?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>Does the CAH have a procedure in place to ensure that if the physician chosen by the resident refuses to or does not meet requirements specified in this part, the facility may seek alternate physician participation to assure provision of appropriate and adequate care and treatment?</p> <p>Does the CAH ensure that each swing-bed resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care?</p> <p>Does the CAH inform the swing-bed resident if the facility determines that the physician chosen by the resident is unable or unwilling to meet requirements?</p> <p>Does the CAH discuss the alternative physician participation with the resident and honor the resident's preferences, if any, among options?</p> <p>Does the CAH ensure that if the resident subsequently selects another attending physician who meets the requirements specified in this part, the facility must honor that choice.</p> <p>§483.10(d)(1)(2)(3)(4) C-1608 §485.645(d)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the CAH allow the swing-bed resident to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents?</p> <p>§483.10(e)(2) C-1608 §485.645(d)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the CAH ensure the swing-bed resident's right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangements?</p> <p>§483.10(e)(4) C-1608 §485.645(d)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>Does the CAH ensure the swing-bed resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident?</p> <p>Does the CAH provide immediate access to a swing-bed resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time?</p> <p>Are the swing-bed residents afforded the same visitation rights as CAH acute patients (since patients are still considered CAH patients)?</p> <p>Does the CAH have written policies and procedures in compliance with Missouri Compassionate Care regulations for swing-bed residents?</p> <p>191.1400 RSMo §483.10(f)(4)(ii)(iii) C-1608 §485.645(d)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the CAH ensure the swing-bed resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to: privacy of such communication.</p> <p>Does the CAH ensure access to stationery, postage, and writing implements at the swing-bed resident's own expense?</p> <p>§483.10(g)(8) C-1608 §485.645(d)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the CAH have a process to: Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of:</p> <p>a. the items and services that are included in nursing facility services under the State plan and for which the resident may not be</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>charged; and other items and services that the facility offers and for which the resident may be charged, and the number of charges for those services; and</p> <p>b. inform each Medicaid-eligible resident when changes are made to the items and services which the resident may be charged for and the new charges.</p> <p>Does the CAH inform each swing-bed resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/Medicaid or by the facility's per diem rate?</p> <p>§483.10(17)(i)(ii) §483.10(g)(18)(intro only) C-1608 §485.645(d)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the CAH ensure the swing-bed resident's right to personal privacy and confidentiality of his or her personal and medical records including privacy in accommodations, treatment, communication, care, visits and family or resident group meetings?</p> <p>Does the CAH respect the swing-bed residents' right to personal privacy, including the right to privacy in his or her spoken, written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service?</p> <p>Is mail and other packages delivered to the swing-bed resident promptly (within 24 hours) of delivery to CAH?</p> <p>Does the CAH respect and ensure the swing-bed resident's right to secure and confidential personal and medical records?</p> <p>Does the CAH honor the resident's right to refuse the release of personal and medical records</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>except as provided at §483.70(i)(2) or other applicable federal or state laws?</p> <p>Does the CAH have a process to allow representatives of the Office of the State Long-Term Care Ombudsman to examine a swing bed's resident's medical, social, and administrative records in accordance with state law?</p> <p>§483.10(h) (1)(2)(3)(i)(ii) C-1608 §485.645(d)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Admission, Transfer and Discharge Rights					
<p>Does the CAH swing-bed have a policy/procedure defining transfer and discharge to include movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the CAH permit each swing bed resident to remain in the CAH, and not transfer or discharge the resident unless:</p> <p>a. the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility?</p> <p>b. the transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility?</p> <p>c. the safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident?</p> <p>d. the health of individuals in the facility would otherwise be endangered?</p> <p>e. the resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility?</p> <p>f. the CAH ceases to operate?</p> <p>Does the CAH have a procedure in place that ensures a swing-bed resident is not transferred or discharged if an appeal has been filed unless failure to transfer or discharge will endanger the</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>health and safety of the swing-bed resident or others within the facility?</p> <ul style="list-style-type: none"> Is there documentation of such danger in the resident's medical record? <p>NOTE: This requirement is ONLY for facility-initiated discharges or transfers, not resident initiated (See F622)</p> <p>§ 483.15(c)(1) C-1610 §485.645(d)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the CAH ensure that when a transfer or discharge occurs, there is medical record documentation by the physician, when required, and appropriate communication that occurs with the receiving health care facility or provider that includes:</p> <ul style="list-style-type: none"> a. basis for transfer? b. what needs cannot be met and what attempts and services were available? c. contact information for practitioner responsible for patient care? d. swing-bed resident representative contact information? e. advance directive information? f. all special instructions for ongoing care? g. all other necessary instructions for care including discharge summary to ensure safe and effective transition of care? <p>§ 483.15(c)(2) C-1610 §485.645(d)(2)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<p>Does the CAH have a procedure to ensure that prior to transfer or discharge of the resident that the resident is notified of the reason for the move in a language and manner they understand and that a copy is sent to the Office of the State Long-Term Care Ombudsman.</p> <p>NOTE: This requirement only applies to facility-initiated transfers or discharges (See F623)</p> <p>§ 483.15(c)(3) C-1610 §485.645(d)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>Does the CAH procedure for notice of transfer include the timing of notice to be:</p> <p>a. at least 30 days prior to move?</p> <p>b. as soon as practicable before transfer or discharge when the safety or health of individuals would be endangered?</p> <p>c. as soon as practicable when the individual's health improves sufficiently to allow a more immediate transfer or discharge?</p> <p>d. as soon as practicable when an immediate transfer or discharge is need for urgent medical needs? or</p> <p>e. the swing bed patient has not resided in the CAH for 30 days?</p> <p>NOTE: This requirement only applies to facility-initiated transfers or discharges (See F623)</p> <p>§ 483.15(c)(4) C-1610 §485.645(d)(2)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<p>Does the CAH transfer/discharge policy /procedure for swing-bed residents include the components of the written notice when the transfer or discharge to include:</p> <p>a. the reason for transfer or discharge?</p> <p>b. the effective date of transfer or discharge?</p> <p>c. the location to which the resident is transferred or discharged?</p> <p>d. a statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request?</p> <p>e. the name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman?</p> <p>f. for nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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<p>L. 106-402, codified at 42 U.S.C. 15001 et seq.)?</p> <p>g. for nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act?</p> <p>NOTE: This requirement only applies to facility-initiated transfers or discharges (See F623)</p> <p>§483.15(c)(5) C1610-§485.645(d)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the CAH provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility?</p> <p>Is this orientation in a form and manner that the resident can understand and to all transferred or discharged residents.</p> <p>§483.15(c)(7) C1610 §485.645(d)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>In the case of facility closure, does the CAH administrator provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the swing-bed residents.</p> <p>§483.15(c)(8) C1610 §485.645(d)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Freedom from abuse, neglect, and exploitation.					
<p>Does the CAH ensure and protect the resident 's right to be free from verbal, physical, sexual or mental abuse, (including resident to resident) neglect, misappropriation of resident property, identity theft, exploitation or involuntary seclusion?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Swing-Bed Services					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
§483.12(a)(1) (2) C1612 §485.645(d)(3)					
Does the CAH have appropriate policies and procedures in place to guide staff in identification of possible abuse and how to address such situations? §483.12(a)(1) (2) C1612 §485.645(d)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have in place an appropriate staff training program on abuse prevention and protection of swing-bed residents? §483.12(a)(1)(2) C1612 §485.645(d)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH promote and protect each swing-bed resident's right to be free from physical or chemical restraint imposed as a means of discipline or convenience and not required to treat the resident's medical symptoms? § 485.12(a)(2) C1612 §485.645(d)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
When restraints or seclusion are indicated for a swing-bed resident, does the CAH ensure that the type used, the least restrictive intervention for the least amount of time and document ongoing re-evaluation of the need for restraints? § 485.12(a)(2) C1612 §485.645(d)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have a system in place to ensure that they do Not employ or otherwise engage individuals who— Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; or Have had a finding entered into the state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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§ 485.12(a)(3) C1612 §485.645(d)(3)					
Does the CAH have a system in place to report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff. § 483.12(a)(4) C1612 §485.645(d)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have written policies and procedures that: a. prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property? b. establish policies and procedures to investigate any such allegations? § 483.12(b) C1612 §485.645(d)(3)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
Does the CAH have appropriate policies and procedures in place to ensure that In response to allegations of abuse, neglect, exploitation, or mistreatment, the CAH would: Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. Does the CAH have evidence and documentation that all alleged violations are thoroughly investigated?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

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Swing-Bed Services					
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<p>Does the CAH prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress including separation of the alleged perpetrator from the alleged victim?</p> <p>Does the CAH report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken?</p> <p>§ 483.12(c)(1)(2)(3)(4) C1612 §485.645(d)(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SOCIAL SERVICES					
<p>Does the CAH provide medically related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each swing-bed resident?</p> <p>Are CAH staff advocating for residents and assisting them in assertion of their rights?</p> <p>Are CAH staff assisting swing-bed residents in voicing and obtaining resolution to grievances?</p> <p>Are CAH staff making referrals and obtaining needed services for swing-bed residents from outside entities such as absentee ballots?</p> <p>Are CAH staff being encouraged to maintain or enhance each swing-bed resident's dignity?</p> <p>§ 483.40(d) C1616 §485.645(d)(4)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
COMPREHENSIVE ASSESSMENT AND CARE PLANNING					

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Swing-Bed Services					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>Does the CAH complete a comprehensive assessment for each swing-bed resident that contains the following elements, at a minimum:</p> <ul style="list-style-type: none"> a. identification and demographic information b. customary routine. c. cognitive patterns. d. communication. e. vision. f. mood and behavior patterns. g. psychosocial well-being. h. physical functioning and structural problems. i. continence. j. disease diagnoses and health conditions. k. dental and nutritional status. l. skin condition. m. activity pursuit. n. medications. o. special treatments and procedures. p. discharge planning. <p>Is there documentation of participation by the swing-bed resident and family as well as direct observation of the resident in addition to communication with all licensed and unlicensed direct care staff on all shifts?</p> <p>§ 483.20(b)(1) C1620 §485.645(d)(5)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Is the comprehensive assessment of a swing-bed resident completed within 14 days of admission?</p> <p>Is a comprehensive re-assessment completed within 14 days after there has been a significant change in resident's physical or mental condition?</p> <p>Is a comprehensive re-assessment completed at least annually?</p> <p>NOTE: on average most CAH swing-bed residents have average length of stay under 14 days so does the CAH have a policy and procedure to address care assessment of shorter stays?</p> <p>§ 483.20(b)(2) C1620 §485.645(d)(5)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the CAH develop and implement a comprehensive person-centered care plan for</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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each swing bed resident that involves the resident and family?					
Does the person-centered care plan include measurable objectives, and timeframes to meet the swing-bed resident’s medical, nursing, mental and psychosocial needs that were identified in the comprehensive assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the care plan describe the services that are to be provided to attain or maintain the swing-bed resident’s highest practicable physical, mental and psychosocial well-being?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the care plan address services not being provided due to the resident’s refusal of such treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the care plan document any specialized services the CAH will provide as a result of a previous PASSARR at long term care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the care plan reflect the resident’s goals for admission and desired outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the care plan reflect the resident’s preference for future discharge and the resident’s potential to achieve that preference?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the care plan developed within 7 days of completion of the assessment (or within a shorter time frame as dictated by CAH policy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the care plan developed by an interdisciplinary team that includes, at a minimum: <ul style="list-style-type: none"> • the attending physician, • RN with responsibility for resident care • nurses aide with responsibility for resident care • member of food and nutrition staff • resident, as practicable • resident representative, as practicable • other staff as appropriate 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the care plan reviewed and revised by the IDG as necessary but at a minimum after each assessment and quarterly assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Are the services provided by CAH employees or arranged for by the CAH provided by qualified persons in accord with written plan of care and meet professional standards of quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the services provided to each swing-bed resident culturally competent and trauma-informed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
§ 483.21(b)(1)(2)(3) C1620 §485.645(d)(5)					
Does each swing-bed resident have a discharge summary that includes:					
a. a recapitulation of the resident’s swing-bed stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. a final summary of their discharge status to release to authorized persons and agencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. reconciliation of all pre-discharge medications with post-discharge medications including over the counter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. post discharge plan of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
§ 483.21(c)(2) C1620 §485.645(d)(5)					
REHABILITATIVE SERVICES					

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Does the CAH provide specialized rehab services such as physical therapy, speech language pathology, occupational therapy, respiratory therapy or rehabilitation services for a mental disorder and intellectual disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If these services are required, does the CAH furnish to swing-bed residents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are these services provided by an outside contracted qualified service that is not excluded from the Medicare or Medicaid programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are these specialized rehabilitative services provided under the written order of a physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are these specialized rehabilitative services furnished by qualified staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
§ 483.65(a)(b) C1622 §485.645(d)(6)					
DENTAL SERVICES					
Does the CAH have a procedure to assist Medicare and Medicaid swing-bed residents in obtaining routine and 24-hour emergency dental care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have a procedure to assist, if necessary or requested the swing-bed resident in making appointments and arranging for transportation to and from the dental services location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have a policy for identifying those circumstances when the loss or damage of dentures is the facility's responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have a policy and procedure on not charging swing-bed residents if the loss or damage of the dentures is determined to be the facility's responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have a policy and procedure to promptly refer (within 3 days) any swing bed resident with lost or damaged dentures for dental services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CRITICAL ACCESS HOSPITALS

Swing-Bed Services					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Does the CAH procedure on lost or damaged dentures address required documentation to ensure adequate nutrition and hydration while the swing-bed resident is awaiting a dental appointment and the extenuating circumstances that led to the delay beyond 3 days in obtaining dental services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH procedure address additional charges that a Medicare swing-bed resident may incur for both routine and emergency dental services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH procedure address assistance required by an eligible swing-bed resident to apply for dental services reimbursement under the state plan (Medicaid)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
§ 483.55(a)(2)(3)(4)(5)(b) C1624 §485.645(d)(6)					
NUTRITION SERVICES					
Does the CAH assess and maintain acceptable parameters of nutritional status such as usual body weight or desired weight range and electrolyte balance unless the swing bed resident's clinical condition indicates that this is not possible, or the resident preferences indicate otherwise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the CAH swing bed residents offered sufficient fluid intake to maintain proper hydration and health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH assessment process include swing bed residents who are utilizing naso-gastric or gastrostomy tubes, percutaneous endoscopic gastrostomy or jejunostomy or who are on enteral fluids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the assessment determines the CAH swing bed resident is at risk of inadequate nutrition, does the CAH appropriately revise or implement plan of care to ensure adequate nutrition and hydration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
§ 483.25(g)(1)(2)					

CRITICAL ACCESS HOSPITALS

Swing-Bed Services					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
C1626 §485.645(d)(8)					

Helpful Hints

Key Resources and Links

- [CMS Conditions of Participation and Interpretative Guidelines](#)
- [CMS CAH Page\(including crosswalk\)](#)
- [CMS CAH Basic Training](#)
- [Conditions of Participation and Interpretative Guidelines for Long Term Care](#) (Swingbed Regulations References)
- [Missouri Compassionate Care Visitation Act guide](#)