



Playbook

This booklet was developed to support members and provide guidance on necessary actions for each of the three phases of implementation of the Requirements of Participation for States and LTC Facilities. It uses as a reference [Part 483](#)- Requirements for States and LTC Facilities.

The timeline is based on the phases created by CMS.

- Phase 1 which begins on November 28, 2016
- Phase 2 which begins on November 28, 2017
- Phase 3 which begins on November 28, 2019

This document is intended to provide a high level overview of the various regulatory sections affected by the Reform of Requirements of Participation. It does not reflect all aspects of the regulatory requirements. The necessary actions listed for each section are a starting point. Several other actions may be necessary to adequately prepare. For example, changes to Policies & Procedures may also require changes in other documentation, training staff of the new policy, helping to develop systems that allow for that policy to become fluid etc.) Employing an organized process improvement approach to guide the effective implementation of the various steps will help to produce desired results.

NOTE: This document has not been approved by the Centers for Medicare & Medicaid Services (CMS) or any other federal or state agency. This document is not intended as legal or operational advice and should not be used as or relied upon as legal or operational advice. It is for general informational purposes only in light of the modified requirements of participation found at 42 C.F.R. § 483.1 et seq. and may not be substituted for legal or operational advice. Specific legal and operational advice is crucial when ensuring compliance with the requirements of participation found at 42 C.F.R. § 483.1 et seq. ALWAYS SEEK THE ADVICE OF KNOWLEDGEABLE COUNSEL TO PROVIDE ADVICE THAT IS TAILORED TO THE ACTUAL FACTS AND CIRCUMSTANCES AND TAKES INTO ACCOUNT ALL RELEVANT LAW.

Section	Phase	Page #	Necessary Action
§483.1 Basis and scope.	Phase 1 This entire section will be implemented in Phase 1.	68848	

CMS Summary: We have added the statutory authority citations for sections 1128I(b) and (c) and section 1150B of the Social Security Act (the Act) to include the compliance and ethics program, quality assurance and performance improvement (QAPI), and reporting of suspicion of a crime requirements to this section.

Section	Phase	Page #	Necessary Action
§483.5 Definitions.	Phase 1 This entire section will be implemented in Phase 1.	68848	<input type="checkbox"/> Familiarize staff at all levels of the organization with these terms <input type="checkbox"/> Modify language to include resident representative

CMS Summary:

We have added the definitions for “abuse”, “adverse event”, “exploitation”, “misappropriation of resident property”, “mistreatment”, “neglect”, “person-centered care”, “resident representative”, and “sexual abuse” to this section.

Section	Phase	Page #	Necessary Action
§483.10 Resident rights.	Phase 1 The section will be implemented in Phase 1 with the following exception:	68849	<input type="checkbox"/> Review and modify language in P&P related to Advance directives §483.10(b)(8) <input type="checkbox"/> Develop P&P related to Grievance policy (new) <input type="checkbox"/> Identify a “grievance official” who oversees the process <input type="checkbox"/> Establish a process for responding to grievances by family and or residents

		<ul style="list-style-type: none"> <input type="checkbox"/> Furnish a written description of legal rights to the resident and resident's representative <input type="checkbox"/> Update the Notification of the resident's rights with all new required notifications and information <input type="checkbox"/> Develop P&P related to Visitation rights of residents (new) <input type="checkbox"/> Post survey results <input type="checkbox"/> Assure staff's readiness and ability to accommodate the needs of LGBT residents and their families
	<p>Phase 2 (g)(4)(ii) – (v) Providing contact information for State and local advocacy organizations, Medicare and Medicaid eligibility information, Aging and Disability Resources Center and Medicaid Fraud Control Unit</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Furnish a list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups such as the State Survey Agency, the State licensure office, the State Long-Term Care Ombudsman program, the protection and advocacy agency, adult protective services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit;
	<p>Phase 3</p>	

CMS Summary:

We are retaining all existing residents’ rights and updating the language and organization of the resident rights provisions to improve logical order and readability, clarify aspects of the regulation where necessary, and updating provisions to include advances such as electronic communications.

Section	Phase	Page #	Necessary Action
<p style="text-align: center;">§483.12 Freedom from abuse, neglect, and exploitation.</p>	<p>Phase 1 with the following exceptions:</p>	<p>68855</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Have a process for ensuring that residents are free or at the least restrictive level of chemical restraints <input type="checkbox"/> Have a process for ensuring that staff are qualified and in good standing <input type="checkbox"/> Develop P&P related to the prohibition of abuse, neglect and exploitation <input type="checkbox"/> Train staff on abuse, neglect and exploitation
	<p>Phase 2 •(b)(5) Reporting crimes/1150B</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Modify P&P to include expressed topics found on page 68855
	<p>Phase 3 •(b)(4) Coordination with QAPI Plan</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Integrate abuse, neglect and exploitation into QAPI program

CMS Summary: We are requiring facilities to investigate and report all allegations of abusive conduct. We also are specifying that facilities cannot employ individuals who have had a disciplinary action taken against their professional license by a state licensure body as a result of a finding of abuse, neglect, mistreatment of residents or misappropriation of their property.

Section	Phase	Page #	Necessary Action
§483.15 Admission, transfer, and discharge rights.	Phase 1 This section will be implemented in Phase 1 with the following exceptions:	68855	<input type="checkbox"/> Review and modify language in P&P related to Admissions Policy3 §483.12(d)3 <input type="checkbox"/> Review and modify language in P&P related to Bed hold policy3 §483.12(b)(1) <input type="checkbox"/> Review and modify specific language permitting resident’s return to the center after a hospitalization or therapeutic leave (page 648) <input type="checkbox"/> Review Discharge policy. Align with care plan requirements found on pages 68856
	Phase 2 • (c)(2) Transfer/Discharge Documentation		<input type="checkbox"/> Update the documentation of a residents discharge to include all items found on page 68856

CMS Summary: We are requiring that a transfer or discharge be documented in the medical record and that specific information be exchanged with the receiving provider or facility when a resident is transferred.

Section	Phase	Page #	Necessary Action
§483.20 Resident assessment.	Phase 1 This entire section will be implemented in Phase 1.	68857	<input type="checkbox"/> Document the resident’s involvement in completing the RAI. <input type="checkbox"/> Review and modify documents and process to address resident’s needs, strengths, goals, life history and preferences

CMS Summary: We are clarifying what constitutes appropriate coordination of a resident’s assessment with the Preadmission Screening and Resident Review (PASARR) program under Medicaid. We are also adding references to statutory requirements that were inadvertently omitted from the regulation when we first implemented sections 1819 and 1919 of the Act.

Section	Phase	Page #	Necessary Action
Comprehensive Person-Centered Care Planning (§483.21) *New Section*	Phase 1 This section will be implemented in Phase 1 with the following exceptions:	68858	<input type="checkbox"/> Ensure that the Comprehensive Care Plan meets the criteria set forth on page 68858.
	Phase 2 •.Baseline care plan		<input type="checkbox"/> Develop a discharge plan for each resident that is included in the Comprehensive Care Plan and evaluated regularly <input type="checkbox"/> Develop or modify and implement a baseline care plans that includes instructions to provide effective person-centered care. Specifics of the care plan can be found on page 68858
	Phase 3 •(b)(3)(iii) Trauma informed care		<input type="checkbox"/> Furnish the resident and representative with a summary of the baseline care plan

CMS Summary:

- We are requiring facilities to develop and implement a baseline care plan for each resident, within 48 hours of their admission, which includes the instructions needed to provide effective and person-centered care that meets professional standards of quality care.
- We are adding a nurse aide and a member of the food and nutrition services staff to the required members of the interdisciplinary team that develops the comprehensive care plan.
- We are requiring that facilities develop and implement a discharge planning process that focuses on the resident’s discharge goals and prepares residents to be active partners in post-discharge care, in effective transitions, and in the reduction of factors leading to preventable re-admissions. We are also implementing the discharge planning requirements mandated by The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) by revising, or adding where appropriate, discharge planning requirements for LTC facilities.

Section	Phase	Page #	Necessary Action
§483.24 Quality of life.	<p>Phase 1 This entire section will be implemented in Phase 1.</p>	68859	<ul style="list-style-type: none"> <input type="checkbox"/> Establish a process to determine that residents are being given the appropriate treatments and services to maintain or improve their function <input type="checkbox"/> Review the activities program to ensure the on-going activities support resident’s choice through group, individual and independent activities <input type="checkbox"/> Assure the qualifications of the Director meet the definition of qualified professional

CMS Summary:

- We are requiring that each resident receive and the facility provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident’s comprehensive assessment and plan of care.

Section	Phase	Page #	Necessary Action
§483.25 Quality of care.	Phase 1 This section will be implemented in Phase 1 with the following exception:	68860	<input type="checkbox"/> Ensure staff competency in providing treatment and care in accordance with professional practice. <input type="checkbox"/> Review the current processes around vision & hearing, skin integrity, mobility, incontinence, colostomy, urostomy & ileostomy, assisted nutrition & hydration, parenteral fluids, respiratory care, prostheses, pain management, dialysis, trauma informed care, and bed rails
	Phase 2		
	Phase 3•(m) Trauma-informed care		<input type="checkbox"/> Provide training to staff related to trauma-informed care

CMS Summary:

- We are requiring that each resident receive and the facility provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident’s comprehensive assessment and plan of care.

Section	Phase	Page #	Necessary Action
§483.30 Physician services.	Phase 1 This entire section will be implemented in Phase 1.	68861	<input type="checkbox"/> Review new requirements with center physician

CMS Summary:

- We are allowing attending physicians to delegate dietary orders to qualified dietitians or other clinically qualified nutrition professionals and therapy orders to therapists.

Section	Phase	Page #	Necessary Action
§483.35 Nursing services.	Phase 1 This section will be implemented in Phase 1 with the following exception: Phase 2. • Specific usage of the Facility Assessment at §483.70(e) in the determination of sufficient number and competencies for staff	68861	<input type="checkbox"/> Review current written information (e.g., job descriptions, job expectations, etc.) and update as necessary to include “assuring resident safety.” <input type="checkbox"/> Review any facility documents to ensure “other nursing personnel” includes nurse aides. <input type="checkbox"/> Develop and implement processes to assess competencies of nursing staff. <input type="checkbox"/> Develop and implement processes to determine “sufficient nursing staff” to meet requirements for nursing services, based on facility assessment.

CMS Summary:

- We are adding a competency requirement for determining the sufficiency of nursing staff, based on a facility assessment, which includes but is not limited to the number of residents, resident acuity, range of diagnoses, and the content of individual care plans.

Section	Phase	Page #	Necessary Action
<p>§483.40 Behavioral health services.</p>	<p>Phase 1 (b)(1), (b)(2), and (d) Comprehensive assessment and medically related social services</p>	68862	<p><input type="checkbox"/> Develop and implement process to meet requirements at §483.40 (b)(1) and (b)(2) related to providing services to a resident to correct an assessed problem related to mental disorder or psychosocial adjustment difficulty and, if an assessment did not reveal a mental or psychosocial adjustment difficulty, prevent an occurrence of such in a resident if clinically avoidable.</p> <p><input type="checkbox"/> Assure medically related social services are provided as necessary. (see current Interpretive Guidelines at F250)</p>
	<p>Phase 2 This section will be implemented in Phase 2 with the following exceptions:</p>		<p><input type="checkbox"/> Develop and implement a process to assess staff competencies and skills sets as required in this section and not to include competencies and skills sets related to providing care for residents with a history of trauma and/or post-traumatic stress disorder.</p>
	<p>Phase 3 •(a)(1) As related to residents with a history of trauma and/or post-traumatic stress disorder</p>		<p><input type="checkbox"/> Develop and implement a process to assess staff competencies and skills sets as related to caring for residents with a history of trauma and/or post-traumatic stress disorder.</p>

CMS Summary:

- We are adding a new section to subpart B that focuses on the requirement to provide the necessary behavioral health care and services to residents, in accordance with their comprehensive assessment and plan of care.
- We are adding “gerontology” to the list of possible human services fields from which a bachelor degree could provide the minimum educational requirement for a social worker.

Section	Phase	Page #	Necessary Action
<p>§483.45 Pharmacy services.</p>	<p>Phase 1</p> <p>This section will be implemented in Phase 1 with the following exceptions:</p>	68863	<p><input type="checkbox"/> Review and modify as necessary, documents/policies, etc. referencing “psychotropic drugs” to ensure they are consistent with new definition of psychotropic drug.</p> <p><input type="checkbox"/> Develop policies and procedures for the monthly drug regimen review and include the required information.</p>
	<p>Phase 2</p> <p>(c)(2) Medical chart review (e) Psychotropic drugs</p>		<p><input type="checkbox"/> Develop a process to ensure the pharmacist reviews the residents’ medical chart.</p> <p><input type="checkbox"/> Compare and update as necessary, current facility policies/processes to the new requirement related to PRN orders for psychotropic drugs at §483.45 (e) (1)-(5).</p>

CMS Summary:

- We are requiring that a pharmacist review a resident’s medical chart during each monthly drug regimen review.
- We are revising existing requirements regarding “antipsychotic” drugs to refer to “psychotropic” drugs and define “psychotropic drug” as any drug that affects brain activities associated with mental processes and behavior. We are requiring several provisions intended to reduce or eliminate the need for psychotropic drugs, if not clinically contraindicated, to safeguard the resident’s health.

Section	Phase	Page #	Necessary Action
<p>§483.50 Laboratory, radiology, and other diagnostic services.</p> <p>*New Section*</p>	<p>Phase 1 This entire section will be implemented in Phase 1.</p>	<p>68863</p>	<p><input type="checkbox"/> Facility policies and procedures must identify process for notifying the ordering professional of lab, radiology and other diagnostic services when results fall outside of clinical reference ranges.</p>

CMS Summary:

- We are clarifying that a physician assistant, nurse practitioner or clinical nurse specialist may order laboratory, radiology, and other diagnostic services for a resident in accordance with state law, including scope-of-practice laws.

Section	Phase	Page #	Necessary Action
§483.55 Dental services.	Phase 1 This section will be implemented in Phase 1 with the following exceptions:	668864	
	Phase 2 (a)(3) and (a)(5) Loss or damage of dentures and policy for referral (b)(3) and (b)(4) Referral for dental services regarding loss or damaged dentures		<input type="checkbox"/> Develop a policy related to Loss or damage of dentures <input type="checkbox"/> Establish a system to ensure denture replacement within 3 days
	Phase 3		

CMS Summary:

- We are prohibiting SNFs and NFs from charging a Medicare resident for the loss or damage of dentures determined in accordance with facility policy to be the facility’s responsibility, and we are adding a requirement that the facility have a policy identifying those instances when the loss or damage of dentures is the facility’s responsibility. We are requiring NFs to assist residents who are eligible to apply for reimbursement of dental services under the Medicaid state plan, where applicable.
- We are clarifying that with regard to a referral for lost or damaged dentures “promptly” means that the referral must be made within 3 business days unless there is documentation of extenuating circumstances.

Section	Phase	Page #	Necessary Action
§483.60 Food and nutrition services.	<p>Phase 1 This section will be implemented in Phase 1 with the following exceptions:</p>	68864	<input type="checkbox"/> Develop a policy for use and storage of foods brought to residents by family and other visitors (new)
	<p>Phase 2</p> <ul style="list-style-type: none"> • a) As linked to Facility Assessment at §483.70(e) Implemented in Phase 2. • (a)(1)(iv) Dietitians hired or contracted with prior to effective date—Built in implementation date of 5 years following effective date of the final rule. • (a)(2)(i) Director of food & nutrition services designated to serve prior to effective—Built in implementation date of 5 years following the effective date of the final rule. 		<input type="checkbox"/> Assess the qualifications and competencies of dietary staff leadership

CMS Summary:

- We are requiring facilities to provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.
- We are also requiring facilities to employ sufficient staff, including the designation of a director of food and nutrition service, with the appropriate competencies and skills sets to carry out the functions of dietary services while taking into consideration resident assessments and individual plans of care, including diagnoses and acuity, as well as the facility’s resident census.

Section	Phase	Page #	Necessary Action
<p>§483.65 Specialized rehabilitative services.</p>	<p>Phase 1 This entire section will be implemented in Phase 1.</p>	<p>68865</p>	<p><input type="checkbox"/> Review new regulatory language at §483.65 (a) and §483.65 (a)(2) to ensure any relevant written information and facility policies/programs are updated.</p>

CMS Summary:

- Current regulations set forth the services that a facility must provide if a resident needs specialized rehabilitative services including, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for a mental disorder. We have added respiratory services to those services identified as specialized rehabilitative services.

Section	Phase	Page #	Necessary Action
<p>§483.70 Administration.</p>	<p>Phase 1 This section will be implemented in Phase 1 with the following exceptions:</p>	68866	<ul style="list-style-type: none"> <input type="checkbox"/> Review admissions policy/package to ensure a pre-dispute agreement for binding arbitration agreement is not included. <input type="checkbox"/> Review final regulations to ensure all requirements are included in facility’s operations. Modify as necessary <input type="checkbox"/> Review job qualifications for a facility social worker to include additional of “gerontology” as specified in §483.70(p).
	<p>Phase 2 (e) Facility assessment—Implemented in Phase 2.</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Develop and implement a process for conducting and updating as necessary an annual facility assessment.
	<p>Phase 3 d)(3) Governing body responsibility of QAPI program</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Include responsibility and accountability for the QAPI program to the obligations of the governing body.

CMS Summary:

- We have largely relocated various portions of this section into other sections of subpart B as deemed appropriate.
- We require facilities to conduct, document, and annually review a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies.
- Facilities are required to address in the facility assessment the facility’s resident population (that is, number of residents, overall types of care and staff competencies required by the residents, and cultural aspects), resources (for example, equipment, and overall personnel), and a facility-based and community-based risk assessment.
- Binding Arbitration Agreements: We are requiring that facilities must not enter into an agreement for binding arbitration with a resident or their representative until after a dispute arises between the parties. Thus, we are prohibiting the use of pre-dispute binding arbitration agreements.

Section	Phase	Page #	Necessary Action
§483.75 Quality assurance and performance improvement.	This section will be implemented in Phase 3 with the following exceptions: <ul style="list-style-type: none"> • (g)(1) QAA committee—All requirements of this section will be implemented in Phase 1 with the exception of subparagraph (iv), the addition of the ICPO, which will be implemented in Phase 3. • (h) Disclosure of information—Implemented in Phase 1. • (i)Sanctions—Implemented in Phase 1. 	68867	<input type="checkbox"/> Compare new requirements for the QAA committee with facility’s current QAA committee and update as necessary.
	Phase 2 <ul style="list-style-type: none"> • (a)(2) Initial QAPI Plan must be provided to State Agency Surveyor at annual survey—Implemented in Phase 2. 		<input type="checkbox"/> Facility must develop a QAPI Plan by November 27, 2017 and submit to the Survey Agency at the first annual recertification survey
	Phase 3		

CMS Summary:

- We are requiring all LTC facilities to develop, implement, and maintain an effective comprehensive, data-driven QAPI program that focuses on systems of care, outcomes of care and quality of life.

Section	Phase	Page #	Necessary Action
<p>§483.80 Infection control.</p>	<p>This section will be implemented in Phase 1 with the following exceptions:</p>	<p>68868</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review new requirements and compare to facility’s current infection control program and update/revise/include additional information as necessary. <input type="checkbox"/> Ensure all required standards, policies and procedures include at least the items identified at §483.80 (2)(i) – (iv).
	<p>Phase 2 (a) As linked to Facility Assessment at §483.70(e) (a)(3) Antibiotic stewardship</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Align the infection control program with the results of the facility assessment. <input type="checkbox"/> Incorporate an antibiotic stewardship program into the infection control program.
	<p>Phase 3 (b) Infection preventionist (IP)—Implemented in Phase 3. (c) IP participation on QAA committee—Implemented in Phase 3.</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Hire/designate one or more infection preventionist(s) who is responsible for the Infection Prevention and Control Program. <input type="checkbox"/> Add the infection preventionist (or at least one, if there are more than one) to the quality

CMS Summary:

- We are requiring facilities to develop an Infection Prevention and Control Program (IPCP) that includes an Antibiotic Stewardship Program and designate at least one Infection Preventionist (IP).

Section	Phase	Page #	Necessary Action
<p>§483.85 Compliance and ethics program.</p> <p>*New Section*</p>	<p>This entire section will be implemented in Phase 3</p> <p><u>NOTE: The final rule contains conflicting information about implementation: this will be required in either Phase 2 or Phase 3. AHCA will obtain clarification.</u></p>	68869	
	<p>Phase 2</p>		<p><input type="checkbox"/> Review current policies and procedures to determine inclusion of what is required by this new section.</p> <p><input type="checkbox"/> Develop a plan for developing and implementing the required components of this program (§483.85(c)(1) -(8).</p> <p><input type="checkbox"/> Develop a schedule for an annual review and update to the compliance and ethics program.</p> <p><input type="checkbox"/> If you are an organization with five or more facilities, review specific requirements at §483.85(d)(1) -(3).</p>
	<p>Phase 3</p>		

CMS Summary:

- We are requiring the operating organization for each facility to have in effect a compliance and ethics program that has established written compliance and ethics standards, policies and procedures that are capable of reducing the prospect of criminal, civil, and administrative violations in accordance with section 1128I(b) of the Act.

Section	Phase	Page #	Necessary Action
<p>§483.90 Physical environment.</p>	<p>Phase 1 This section will be implemented in Phase 1 with the following exceptions:</p>	<p>68870</p>	<p><input type="checkbox"/> Any facility newly certified or approved for construction (including remodeling) must have a private bath including at least a toilet and sink for each resident room. [NOTE: a bathroom that is located between two patient rooms and accessible from each does not meet this requirement.]</p>
	<p>Phase 2(h)(5) Policies regarding smoking</p>		<p><input type="checkbox"/> Develop smoking policy that incorporates smoking safety and takes into account nonsmoking residents. Policy must be in accord with applicable federal, state, and local laws and regulations re: smoking and smoking areas.</p>
	<p>Phase 3 (f)(1) Call system from each resident’s bedside</p>		<p><input type="checkbox"/> Confirm that each resident’s bedside has a call system that will allow the resident to request staff assistance and the call goes directly to a staff member or a centralized staff work area.</p>

CMS Summary:

In the proposed rule we indicated that the facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public. Many of these provisions relate to Life Safety Code (LSC) requirements. We are requiring facilities that are constructed, re-constructed, or newly certified after the effective date of this regulation to accommodate no more than two residents in a bedroom. We are also requiring facilities that are constructed, or newly certified after the effective date of this regulation to have a bathroom equipped with at least a commode and sink in each room.

Section	Phase	Page #	Necessary Action
<p>§483.95 Training requirements.</p> <p>*New Section*</p>	<p>This entire section will be implemented in Phase 3 with the following exceptions:</p> <p>Phase 1 Training on: (c) Abuse/Neglect/Exploitation, (g) (2) Dementia Management expanded beyond nurse aides to other direct staff (g) (4) Care of the cognitively impaired (h) Feeding Assistant requirement.</p>	68870	<input type="checkbox"/> Develop the required new training. <input type="checkbox"/> Incorporate required new training into your annual training schedule. <input type="checkbox"/> Add into your training schedule any individuals newly required by the rule. <input type="checkbox"/> Have a system to document completed training of required individuals.
	Phase 2		
	<p>Phase 3 • There are eight required training topics that centers are responsible for training new and existing staff, as well as contractors, and volunteers. The topics are communication; resident’s rights and facility responsibility; abuse, neglect and exploitation; quality assurance and performance improvement; infection control; compliance and ethics; and behavioral health.</p>		<input type="checkbox"/> Implement required new trainings

CMS Summary:

We are adding a new section to subpart B that sets forth all the requirements of an effective training program that facilities must develop, implement, and maintain for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers, consistent with their expected roles.

Additional Highlights:

- There are eight required training topics that centers are responsible for training new and existing staff, as well as contractors, and volunteers. The topics are communication; resident's rights and facility responsibility; abuse, neglect and exploitation; quality assurance and performance improvement; infection control; compliance and ethics; and behavioral health.