

# Standards of Practice Regulatory Information for Long Term Care Facilities, Hospitals, Critical Access Hospitals, Home Health Agencies and Hospice

*The National Dysphagia Diet (NDD) is now outdated and International Dysphagia Diet Standardisation Initiative (IDDSI) will be the only professionally recognized texture modified diet framework as of October 2021. It is not mandatory, but it is the only professionally- supported and evidence-based standard of practice.*

## State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities

F658

### **§483.21(b)(3) Comprehensive Care Plans**

The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-

- (i) Meet professional standards of quality.

### **INTENT §483.21(b)(3)(i)**

The intent of this regulation is to assure that services being provided meet professional standards of quality.

### **GUIDANCE §483.21(b)(3)(i)**

"Professional standards of quality" means that care and services are provided according to accepted standards of clinical practice. Standards may apply to care provided by a particular clinical discipline or in a specific clinical situation or setting. Standards regarding quality care practices may be published by a professional organization, licensing board, accreditation body or other regulatory agency. Recommended practices to achieve desired resident outcomes may also be found in clinical literature. Possible reference sources for standards of practice include:

- Current manuals or textbooks on nursing, social work, physical therapy, etc.
- Standards published by professional organizations such as the American Dietetic Association, American Medical Association, American Medical Directors Association, American Nurses Association, National Association of Activity Professionals, National Association of Social Work, etc.
- Clinical practice guidelines published by the Agency for Healthcare Research and Quality.
- Current professional journal articles.

### **PROCEDURES AND PROBES §483.21(b)(3)(i)**

There is no requirement for the surveyor to cite a reference or source (e.g., current textbooks, professional

organizations or clinical practice guidelines) for the standard of practice that has not been followed related to care and services provided within professional scopes of practice, such as failure of nursing staff to assess a change in the resident's condition. However, in cases where the facility provides a reference supporting a particular standard of practice for which the surveyor has concerns, the surveyor must provide evidence that the standard of practice the facility is using is not up-to-date, widely accepted, or supported by recent clinical literature. Such evidence should include a citation for the reference or source (e.g., current textbooks, professional organizations or clinical practice guidelines) for the current standard of practice from which facility deviated.

If a negative or potentially negative resident outcome is determined to be related to the facility's failure to meet professional standards and the team determines a deficiency has occurred, it should also be cited under the appropriate quality of care or other relevant requirement. For example, if a resident develops a pressure injury because the facility's nursing staff failed to provide care in accordance with professional standards of quality, the team should cite the deficiency at both F658 and F686 (Skin Integrity).

- *Do the services provided or arranged by the facility, as outlined in the comprehensive care plan, reflect the accepted standards of practice [emphasis added]?*
- *Are the references for standards of practice, used by the facility, up to date, and accurate for the service being delivered [emphasis added]?*

#### **KEY ELEMENTS OF NONCOMPLIANCE:**

To cite deficient practice at F658, the surveyor's investigation will generally show that the facility did one or more of the following:

- Provided or arranged for services or care that did not adhere to accepted standards of quality;
- Provided a service or care when the accepted standards of quality dictate that the service or care should not have been provided;
- Failed to provide or arrange for services or care that accepted standards of quality dictate should have been provided.

## State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals

### A-0621

§482.28(a)(2) - There must be a qualified dietitian, full-time, part-time or on a consultant basis.

Interpretive Guidelines §482.28(a)(2) A qualified dietitian must supervise the nutritional aspects of patient care. Responsibilities of a hospital dietitian may include, but are not limited to:

- Approving patient menus and nutritional supplements;
- Patient, family, and caretaker dietary counseling;
- Performing and documenting nutritional assessments and evaluating patient tolerance to therapeutic diets when appropriate;
- Collaborating with other hospital services (e.g., medical staff, nursing services, pharmacy service, social work service, etc) to plan and implement patient care as necessary in meeting the nutritional needs of the patients;
- *Maintaining pertinent patient data necessary to recommend, prescribe, or modify therapeutic diets as needed to meet the nutritional needs of the patients. Qualification is determined on the basis of education, experience, specialized training, State licensure or registration when applicable, and maintaining professional standards of practice [emphasis added].*

### A-1123

§482.56 Condition of Participation: Rehabilitation Services

If the hospital provides rehabilitation, physical therapy, occupational therapy, audiology, or speech pathology services, the services must be organized and staffed to ensure the health and safety of patients.

Interpretive Guidelines §482.56

This is an optional hospital service. However, if a hospital provides any degree of rehabilitative services to its patients, the hospital must comply with the requirements of the Condition of Participation. If rehabilitative services are provided, they must be organized and staffed in such a manner to ensure the health and safety of patients.

This includes providing rehabilitative services in accordance with practitioner orders and *acceptable standards of practice* [emphasis added]. Acceptable standards of practice include compliance with any applicable Federal or State laws, regulations or guidelines, as well as standards and recommendations promoted by nationally recognized professional organizations (e.g., American Physical Therapy Association, American Speech and Hearing Association, American Occupational Therapy Association, American College of Physicians, American Medical Association, etc.).

### A-1134

§482.56(b)(2) *The provision of care and the personnel qualifications must be in accordance with national*

*acceptable standards of practice and must also meet the requirements of §409.17 of this chapter [emphasis added].*

Interpretive Guidelines §482.56(b)(2) The provision of rehabilitation services care and development of the plan of care for rehabilitation services can be initiated only after the order is written for services by a qualified licensed practitioner responsible for the care of the patient. Physical therapy, occupational therapy, or speech-language pathology must be furnished under a plan of care. The regulation at 42 CFR 409.17 specifies the following rehabilitation services plan of care requirements:

Establishment of the plan: “The plan must be established before treatment begins by one of the following: (1) A physician. (2) A nurse practitioner, a clinical nurse specialist or a physician assistant. (3) The physical therapist furnishing the physical therapy services. (4) A speech-language pathologist furnishing the speech-language pathology services. (5) An occupational therapist furnishing the occupational therapy services.”

Content of the plan: “The plan: (1) Prescribes the type, amount, frequency, and duration of the physical therapy, occupational therapy, or speech-language pathology services to be furnished to the individual; and (2) Indicates the diagnosis and anticipated goals.”

Changes in the plan: “Any changes in the plan are implemented in accordance with hospital policies and procedures.”

Also in accordance with 42 CFR 409.17, rehabilitation services must be provided by qualified physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants, and/or speech-language pathologists who meet the personnel qualifications defined in 42 CFR 484.4. Hospitals must have policies and procedures consistent with State law.

*Rehabilitation services must be provided according to national standards of practice as established by professional organizations such as, but not limited to, the American Physical Therapy Association, the American Occupational Therapy Association, and the American Speech-Language-Hearing Association [emphasis added].*

Survey Procedures §482.56(b)(2) Review medical records of patients who received rehabilitation services. Determine whether the required care plan was developed and implemented. Review employee personnel files to verify the rehabilitation service providers (i.e., physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants, and/or speech-language pathologists) have the necessary education, experience, training, and documented competencies to provide rehabilitation services. Ask the hospital what *national standards of rehabilitation practice* [emphasis added] provide the basis for its rehabilitation services. Is there supporting documentation?

## State Operations Manual Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs

### C-1052

§485.635(e) Standard: Rehabilitation Therapy Services Physical therapy, occupational therapy, and speech-language therapy pathology services furnished at the CAH, if provided, are provided by staff qualified under State law, and consistent with the requirements for therapy services in §409.17 of this subpart.

#### Interpretive Guidelines §485.635(e)

Rehabilitation services are optional CAH services. If a CAH provides any rehabilitative services to its patients, either directly or under arrangement or agreement, either inpatient or outpatient, the services must be provided by staff qualified under State law, and consistent with the requirements for therapy services in §409.17. Rehabilitation services can be initiated only upon the order of a practitioner responsible for the care of the patient. Physical therapy, occupational therapy, or speech-language pathology must be furnished in accordance with the regulation at 42 CFR 409.17, which specifies the following rehabilitation services plan of care requirements:

- Establishment of the plan: “The plan must be established before treatment begins by one of the following: (1) A physician; (2) A nurse practitioner, a clinical nurse specialist or a physician assistant; (3) The physical therapist furnishing the physical therapy services; (4) A speech-language pathologist furnishing the speech-language pathology services; (5) An occupational therapist furnishing the occupational therapy services.”
- Content of the plan: “The plan: (1) Prescribes the type, amount, frequency, and duration of the physical therapy, occupational therapy, or speech-language pathology services to be furnished to the individual; and (2) Indicates the diagnosis and anticipated goals.”
- Changes in the plan: “Any changes in the plan are implemented in accordance with the provider’s policies and procedures.”

Also in accordance with 42 CFR 409.17, rehabilitation services must be provided by qualified physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants, and/or speech-language pathologists who meet the personnel qualifications defined in 42 CFR 484.4. CAHs must have policies and procedures consistent with State law. *Rehabilitation services must be provided according to national standards of practice as established by professional organizations such as, but not limited to, the American Physical Therapy Association, the American Occupational Therapy Association, and the American Speech-Language-Hearing Association [emphasis added].*

If the CAH provides rehabilitation services:

- Review clinical records of patients who received rehabilitation services. Determine whether the required care plan was developed and implemented.
- Review employee personnel files to verify the rehabilitation service providers (i.e., physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants, and/or speech-language pathologists) have the necessary education, experience, training, and documented competencies to provide rehabilitation services.

Ask the CAH what national standards of rehabilitation practice provide the basis for its rehabilitation services. Is there supporting documentation?

## State Operations Manual Appendix B - Guidance to Surveyors: Home Health Agencies

### G570

#### **§484.60 Condition of participation: Care planning, coordination of services, and quality of care.**

Patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence. Each patient must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s), and the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care. The individualized plan of care must also specify the patient and caregiver education and training. *Services must be furnished in accordance with accepted standards of practice* [emphasis added].

#### **Interpretive Guidelines §484.60**

“Reasonable expectation that an HHA can meet the patient’s medical, nursing, rehabilitative, and social needs in his or her place of residence” means that, in consideration of the patient’s level of acuity, the HHA can effectively and safely provide the patient with the skilled services that the patient needs within the patient’s home.

*“Accepted standards of practice” include guidelines and recommendations issued by nationally recognized organizations with expertise in the relevant field. The Agency for Healthcare Research and Quality (AHRQ) maintains a National Guideline Clearinghouse as a public resource for summaries of evidence-based clinical practice guidelines* [emphasis added].

### G984

**§484.105(f)(2) All HHA services must be provided in accordance with current clinical practice guidelines and accepted professional standards of practice** [emphasis added].

## State Operations Manual Appendix M - Guidance to Surveyors: Hospice

### L602

**§418.70 - A hospice must ensure that the services described in §418.72 through §418.78 are provided directly by the hospice or under arrangements made by the hospice as specified in §418.100. *These services must be provided in a manner consistent with current standards of practice* [emphasis added].**

#### **Interpretive Guidelines §418.70**

*The hospice must ensure that all clinical staff members (direct and contractual) are aware of and follow professional practice standards, laws, hospice policies, and procedures. If questions arise during home visits or record reviews, ask clinical managers and staff what the hospice's policies are regarding the issue in question* [emphasis added].

#### **Procedure §418.70**

Ask how the hospice monitors the professional skills of its staff to determine if those skills are appropriate and adequate for its patients.

### L604

**§418.72 - Physical therapy services, occupational therapy services, and speech-language pathology services must be available, and when provided, *offered in a manner consistent with accepted standards of practice* [emphasis added].**

### L652

#### **§418.100(c) Standard: Services.**

*(1) A hospice must be primarily engaged in providing the following care and services and must do so in a manner that is consistent with accepted standards of practice* [emphasis added]:

- (i) Nursing services.
- (ii) Medical social services.
- (iii) Physician services.
- (iv) Counseling services, including spiritual counseling, dietary counseling, and bereavement counseling.
- (v) Hospice aide, volunteer, and homemaker services.
- (vi) Physical therapy, occupational therapy, and speech-language pathology services* [emphasis added].
- (vii) Short-term inpatient care.
- (viii) Medical supplies (including drugs and biologicals) and medical appliances.



## Associated Resources

Follow [this link](#) to the full *State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities*.

Follow [this link](#) to the full *State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals*.

Follow [this link](#) to the full *State Operations Manual Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs*.

Follow [this link](#) to the full *State Operations Manual Appendix B - Guidance to Surveyors: Home Health Agencies*.

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