Standards Revisions for Swing Bed Final Rule in Critical Access Hospitals

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), certified organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit http://www.jcrinc.com.

**Standard HR.01.01.01**

The critical access hospital defines and verifies staff qualifications.

**Element(s) of Performance for HR.01.01.01**

18. For swing beds in critical access hospitals: The facility does not employ individuals who have been found guilty by a court of law of abusing, neglecting, or mistreating residents or who have had a finding entered into the state nurse aide registry concerning abuse, neglect, or mistreatment of residents, or misappropriation of their property.

**Standard LD.04.02.03**

Ethical principles guide the critical access hospital’s business practices.

**Element(s) of Performance for LD.04.02.03**

15. For swing beds in critical access hospitals: When a resident becomes eligible for Medicaid after admission to the critical access hospital, the critical access hospital charges the resident only the Medicaid-allowable charge.
Standard PC.01.02.01

The critical access hospital assesses and reassesses its patients.

Element(s) of Performance for PC.01.02.01

26. For swing beds in critical access hospitals: The comprehensive assessment of the resident includes the following:
- Identifying and demographic information
- Customary routines
- Cognitive patterns
- Communication needs
- Vision needs
- Psychosocial well-being
- Mood and behavior patterns
- Physical functioning and structural problems
- Continence
- Disease(s), diagnoses, and health conditions
- Dental and nutritional status
- Skin
- Pursuit of activity
- Medications
- Need for special treatment(s) and procedure(s)
- Potential for discharge

Element(s) of Performance for PC.01.02.01

26. For swing beds in critical access hospitals: The comprehensive assessment of the resident includes the following:
- Identifying and demographic information
- Customary routines
- Cognitive patterns
- Communication needs
- Vision needs
- Psychosocial well-being
- Mood and behavior patterns
- Physical functioning and structural problems
- Continence
- Disease(s), diagnoses, and health conditions
- Dental and nutritional status
- Skin
- Pursuit of activity
- Medications
- Need for special treatment(s) and procedure(s)
- Discharge planning
Standard PC.01.03.01

The critical access hospital plans the patient's care.

**Element(s) of Performance for PC.01.03.01**

2. For swing beds in critical access hospitals: The resident’s written plan of care is developed by an interdisciplinary team comprised of health care professionals involved in the resident's care, treatment, and services.

**Element(s) of Performance for PC.01.03.01**

2. For swing beds in critical access hospitals: The resident's written plan of care is developed by an interdisciplinary team comprised of health care professionals involved in the resident’s care, treatment, and services. **At a minimum, the team includes the following individuals: the attending physician, registered nurse with responsibility for the resident, nurse aid with responsibility for the resident, and a member of the food and nutrition services staff.**

Standard PC.02.02.01

The critical access hospital coordinates the patient’s care, treatment, and services based on the patient's needs.

**Element(s) of Performance for PC.02.02.01**

12. For swing beds in critical access hospitals: The critical access hospital provides 24-hour emergency dental services directly or through arrangement with an external provider.

**Element(s) of Performance for PC.02.02.01**

12. For swing beds in critical access hospitals: The critical access hospital provides 24-hour emergency dental services directly or through arrangement with an external provider. **Note 1: The critical access hospital may charge a Medicare resident an additional amount for routine and emergency dental services.**

**Note 2: The critical access hospital assists residents who are eligible and wish to apply for reimbursement of dental services as an incurred medical expense under the state plan.**

**Element(s) of Performance for PC.02.02.01**

29. For critical access hospitals with swing beds: The critical access hospital follows its policy identifying circumstances when loss of or damage to a resident's dentures is the critical access hospital's responsibility and it may not charge a resident for the loss or damage of dentures.

**Element(s) of Performance for PC.02.02.01**

30. For critical access hospitals with swing beds: The critical access hospital refers residents with lost or damaged dentures for dental services within three days. If referral does not occur within three days, the critical access hospital documents what was done to make sure that the resident could adequately eat and drink and any extenuating circumstances that led to the delay.
Standard PC.02.02.09

For swing beds in critical access hospitals: Residents participate in social and recreational activities according to their abilities and interests.

Element(s) of Performance for PC.02.02.09

1. For swing beds in critical access hospitals: The critical access hospital offers residents a variety of social and recreational activities according to their abilities and interests.

Element(s) of Performance for PC.02.02.09

1. For swing beds in critical access hospitals: The critical access hospital offers residents a choice of activities, both independent and organization-sponsored group and individual activities, designed to meet the interests of residents; support their physical, mental, and psychosocial well-being; and encourage both independence and interaction in the community.

Standard PC.02.04.06

For critical access hospitals with swing beds: The interdisciplinary team works in partnership with the resident to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.

Element(s) of Performance for PC.02.04.06

1. For critical access hospitals with swing beds: The interdisciplinary team works in partnership with the resident to achieve planned outcomes.

Element(s) of Performance for PC.02.04.06

2. For critical access hospitals with swing beds: The interdisciplinary team involves the resident and the resident’s representative in the development of his or her treatment plan.
   Note: The treatment plan includes the following:
   - Any specialized or rehabilitation services the critical access hospital will provide as a result of preadmission screening and resident review (PASARR) recommendations
   Note: Disagreement with PASARR recommendations is documented in the resident’s record.
   - The resident’s goals for admission and desired outcomes
   - The resident’s preferences and potential for future discharge
   - Discharge plans
   - Measurable objectives and time frames to meet a resident’s medical, nursing, and mental and psychosocial needs

Standard PC.03.02.09

For swing beds in critical access hospitals: The organization designs a system to achieve a restraint-free environment.

Element(s) of Performance for PC.03.02.09

1. For swing beds in critical access hospitals: The achievement of a restraint-free environment is a stated goal of the critical access hospital.
Element(s) of Performance for PC.03.02.09

2. For swing beds in critical access hospitals: The critical access hospital implements processes to achieve a restraint-free environment.

Element(s) of Performance for PC.03.02.09

3. For swing beds in critical access hospitals: The processes used to achieve a restraint-free environment emphasize alternatives to restraint, including the following:
   - Use of restorative programs
   - Management of the resident’s personal environment
   - Use of well-trained staff who support each resident
   - Support of the resident’s rights
   - Recognition of and respect for the resident’s interests
   - Use of supportive devices and special equipment
   - Involvement of nursing assistants, housekeeping staff, secretaries, and other administrative staff who have been trained in resident orientation techniques

Element(s) of Performance for PC.03.02.09

4. For swing beds in critical access hospitals: Restraint is not used to discipline residents, as a staff convenience, or to prevent residents from wandering.

Element(s) of Performance for PC.03.02.09

5. For swing beds in critical access hospitals: Restraint is only used to facilitate or support treatment of the resident’s medical symptoms.

Element(s) of Performance for PC.03.02.09

6. For swing beds in critical access hospitals: Residents are permitted to refuse restraint.

Element(s) of Performance for PC.03.02.09

7. For swing beds in critical access hospitals: The use of restraint is based on the resident’s needs; it is not based solely on a request from the resident’s representative.

Standard PC.04.01.03

The critical access hospital discharges or transfers the patient based on his or her assessed needs and the organization’s ability to meet those needs.

Element(s) of Performance for PC.04.01.03

3. The patient, the patient’s family, licensed independent practitioners, physicians, clinical psychologists, and staff involved in the patient’s care, treatment, and services participate in planning the patient’s discharge or transfer.
   Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: The definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
   Note 2: For psychiatric distinct part units in critical access hospitals: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the critical access hospital.
Element(s) of Performance for PC.04.01.03

3. The patient, the patient’s family, licensed independent practitioners, physicians, clinical psychologists, and staff involved in the patient’s care, treatment, and services participate in planning the patient’s discharge or transfer.

Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: The definition of “physician” is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).

Note 2: For psychiatric distinct part units in critical access hospitals: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the critical access hospital.

Note 3: For swing beds in critical access hospitals: The critical access hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly. The critical access hospital sends a copy of the notice to a representative of the office of the state’s long-term care ombudsman.

6. For swing beds in critical access hospitals: The written notice before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes the following:
   - The reason for transfer or discharge
   - The effective date of transfer or discharge
   - The location to which the resident is transferred or discharged
   - A statement that the resident has the right to appeal the action to the state
   - The name, address, and telephone number of the state’s long term care ombudsman
   - For a resident who is developmentally disabled, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act
   - For a resident who is mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy, established under the Protection and Advocacy for Mentally Ill Individuals Act
Element(s) of Performance for PC.04.01.03

6. For swing beds in critical access hospitals: The written notice before transfer or discharge specified in the CoP from 42 CFR 483.12(a)(4) includes the following:
   - The reason for transfer or discharge
   - The effective date of transfer or discharge
   - The location to which the resident is transferred or discharged
   - 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; information on how to obtain an appeal form; where to find assistance in completing the form; and how to submit the appeal hearing request
   - The name, address (mailing and email), and telephone number of the office of the state’s long-term care ombudsman
   - For a resident with intellectual and developmental disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of these individuals, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000
   - For a resident 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 these individuals, established under the Protection and Advocacy for Mentally Ill Individuals Act.

Standard PC.04.01.07

For swing beds in critical access hospitals: Residents are not transferred or discharged from the critical access hospital unless they meet specific criteria, in accordance with law and regulation.

Element(s) of Performance for PC.04.01.07

1. For swing beds in critical access hospitals: The critical access hospital transfers or discharges residents only when at least one of the following conditions is met:
   - The resident's health has improved to the point where he or she no longer needs the critical access hospital's services.
   - The transfer or discharge is necessary for the resident's benefit or if the critical access hospital cannot meet the resident's needs.
   - The health or safety of the resident is endangered by remaining in the critical access hospital.
   - The critical access hospital has provided the resident, who has not paid for his or her stay, with reasonable notice of transfer or discharge, as defined by the critical access hospital and in accordance with law and regulation.
   - The critical access hospital ceases operation.
   - The resident leaves against medical advice and signs a form stating that his or her action runs contrary to medical advice.
Element(s) of Performance for PC.04.01.07

1. For swing beds in critical access hospitals: The critical access hospital transfers or discharges residents only when at least one of the following conditions is met:
   - The resident’s health has improved to the point where he or she no longer needs the critical access hospital’s services.
   - The transfer or discharge is necessary for the resident’s welfare and the critical access hospital cannot meet the resident’s needs.
   - The safety of the individuals in the critical access hospital is endangered due to the clinical or behavioral status of the resident.
   - The health of individuals in the critical access hospital would otherwise be endangered.
   - The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the critical access hospital. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a critical access hospital, the critical access hospital may charge a resident only the allowable charges under Medicaid.
   - The critical access hospital ceases operation.
   
   Note: The critical access hospital cannot transfer or discharge a resident while an appeal is pending pursuant to 42 CFR 431.230, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the critical access hospital. The critical access hospital documents the danger that failure to transfer or discharge would pose.

Element(s) of Performance for PC.04.01.07

2. For critical access hospitals with swing beds: In the case of critical access hospital closure, the individual who is the administrator of the critical access hospital must provide written notification prior to the impending closure to the state survey agency, the office of the state’s long-term care ombudsman, residents of the critical access hospital, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents.

Standard PC.04.02.01

When a patient is discharged or transferred, the critical access hospital gives information about the care, treatment, and services provided to the patient to other service providers who will provide the patient with care, treatment, or services.

Element(s) of Performance for PC.04.02.01

1. At the time of the patient’s discharge or transfer, the critical access hospital informs other service providers who will provide care, treatment, or services to the patient about the following:
   - The reason for the patient’s discharge or transfer
   - The patient’s physical and psychosocial status
   - A summary of care, treatment, and services it provided to the patient
   - The patient’s progress toward goals
   - A list of community resources or referrals made or provided to the patient
   
   (See also PC.02.02.01, EP 1)
Element(s) of Performance for PC.04.02.01

1. At the time of the patient’s discharge or transfer, the critical access hospital informs other service providers who will provide care, treatment, or services to the patient about the following:
   - The reason for the patient’s discharge or transfer
   - The patient’s physical and psychosocial status
   - A summary of care, treatment, and services it provided to the patient
   - The patient’s progress toward goals
   - A list of community resources or referrals made or provided to the patient
   (See also PC.02.02.01, EP 1)

Note: For swing beds in critical access hospitals: The information sent to the receiving provider also includes the following:
   - Contact information of the practitioner responsible for the care of the resident
   - Resident representative information, including contact information
   - Advance directive information
   - All special instructions or precautions for ongoing care, when appropriate
   - Comprehensive care plan goals

Standard RC.02.04.01

The critical access hospital documents the patient’s discharge information.

Element(s) of Performance for RC.02.04.01

1. For swing beds in critical access hospitals: Documentation in the medical record includes discharge information provided to the resident and/or to the receiving organization.

Element(s) of Performance for RC.02.04.01

1. For swing beds in critical access hospitals: Documentation in the medical record includes discharge information provided to the resident and/or to the receiving organization. There is documentation in the resident’s medical record by the resident’s physician when the resident is transferred or discharged, either when the transfer is due to the resident improving and no longer needing long term care services or when the resident’s needs cannot be met in the critical access hospital’s swing bed. There is documentation in the resident’s medical record by a physician when the resident is being transferred or discharged because the safety of other residents would otherwise be endangered.

Element(s) of Performance for RC.02.04.01

2. For swing beds in critical access hospitals: The resident’s discharge information includes the following:
   - The reason for transfer, discharge, or referral
   - Treatment provided, diet, medication orders, and orders for the resident’s immediate care
   - Referrals provided to the resident, the referring licensed independent practitioner’s name, and the name of the licensed independent practitioner who has agreed to be responsible for the resident’s medical care and treatment, if this person is someone other than the referring licensed independent practitioner
   - Medical findings and diagnoses; a summary of the care, treatment, and services provided; and progress reached toward goals
   - Information about the resident’s behavior, ambulation, nutrition, physical status, psychosocial status, and potential for rehabilitation
   - Nursing information that is useful in the resident’s care
   - Any advance directives
   - Instructions given to the resident before discharge
Element(s) of Performance for RC.02.04.01

2. For swing beds in critical access hospitals: The resident’s discharge information includes the following:
   - The reason for transfer, discharge, or referral
   - Treatment provided, diet, medication orders, and orders for the resident’s immediate care
   - Referrals provided to the resident, the referring licensed independent practitioner’s name, and the name of the licensed independent practitioner who has agreed to be responsible for the resident’s medical care and treatment, if this person is someone other than the referring licensed independent practitioner
   - Medical findings and diagnoses; a summary of the care, treatment, and services provided; and progress reached toward goals
   - Information about the resident’s behavior, ambulation, nutrition, physical status, psychosocial status, and potential for rehabilitation
   - Nursing information that is useful in the resident’s care
   - Any advance directives
   - Instructions given to the resident before discharge
   - Attempts to meet the resident’s needs

Element(s) of Performance for RC.02.04.01

3. In order to provide information to other caregivers and facilitate the patient’s continuity of care, the medical record contains a concise discharge summary that includes the following:
   - The reason for hospitalization
   - The procedures performed
   - The care, treatment, and services provided
   - The patient’s condition and disposition at discharge
   - Information provided to the patient and family
   - Provisions for follow-up care

Note 1: A discharge summary is not required when a patient is seen for minor problems or interventions, as defined by the medical staff. In this instance, a final progress note may be substituted for the discharge summary provided the note contains the outcome of hospitalization, disposition of the case, and provisions for follow-up care.

Note 2: When a patient is transferred to a different level of care within the critical access hospital, and caregivers change, a transfer summary may be substituted for the discharge summary. If the caregivers do not change, a progress note may be used.
Element(s) of Performance for RC.02.04.01

3. In order to provide information to other caregivers and facilitate the patient’s continuity of care, the medical record contains a discharge summary that includes the following:
- The reason for hospitalization
- The procedures performed
- The care, treatment, and services provided
- The patient’s condition and disposition at discharge
- Information provided to the patient and family
- Provisions for follow-up care
- For critical access hospitals with swing beds: Where the resident plans to reside

Note 1: A discharge summary is not required when a patient is seen for minor problems or interventions, as defined by the medical staff. In this instance, a final progress note may be substituted for the discharge summary provided the note contains the outcome of hospitalization, disposition of the case, and provisions for follow-up care.

Note 2: When a patient is transferred to a different level of care within the critical access hospital, and caregivers change, a transfer summary may be substituted for the discharge summary. If the caregivers do not change, a progress note may be used.

Standard RI.01.02.01

The critical access hospital respects the patient’s right to participate in decisions about his or her care, treatment, and services.
Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

Element(s) of Performance for RI.01.02.01

1. The critical access hospital involves the patient in making decisions about his or her care, treatment, and services, including the right to have his or her family and physician promptly notified of his or her admission to the critical access hospital.

Element(s) of Performance for RI.01.02.01

1. The critical access hospital involves the patient in making decisions about his or her care, treatment, and services, including the right to have his or her family and physician promptly notified of his or her admission to the critical access hospital.
Note: For swing beds in critical access hospitals: The resident has the right to be informed in advance of changes to their plan of care.

Element(s) of Performance for RI.01.02.01

2. When a patient is unable to make decisions about his or her care, treatment, and services, the critical access hospital involves a surrogate decision maker in making these decisions. (See also RI.01.03.01, EP 1)
Element(s) of Performance for RI.01.02.01

2. When a patient is unable to make decisions about his or her care, treatment, and services, the critical access hospital involves a surrogate decision maker in making these decisions. (See also RI.01.03.01, EP 1)
   
   Note: For swing beds in critical access hospitals: The selection of the surrogate decision-maker is in accordance with state law.

Standard RI.01.06.03

The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.

Element(s) of Performance for RI.01.06.03

1. The critical access hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services.

   Element(s) of Performance for RI.01.06.03

1. The critical access hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services.
   
   Note: For critical access hospitals with swing beds: The critical access hospital also determines how it will protect residents from corporal punishment and involuntary seclusion.

3. The critical access hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law. (See also PC.01.02.09, EPs 6–8)

   Element(s) of Performance for RI.01.06.03

3. The critical access hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law. (See also PC.01.02.09, EPs 6–8)
   
   Note: For swing beds in critical access hospitals: Alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source, and misappropriation of resident property are reported to the administrator of the facility and to other officials (including the state survey agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with state law and established procedures. The alleged violations are reported in the following timeframes:
   - No later than two hours after the allegation is made if the allegation involves abuse or serious bodily injury
   - No later than 24 hours after the allegation is made if the allegation does not involve abuse or serious bodily injury

   Element(s) of Performance for RI.01.06.03

4. For critical access hospitals with swing beds: The critical access hospital develops and implements written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. The policies and procedures also address investigation of allegations related to these issues.
Element(s) of Performance for RI.01.06.03

5. For critical access hospitals with swing beds: The critical access hospital has evidence that all alleged violations are thoroughly investigated and that it prevents further abuse while the investigation is in progress. The results of all investigations are reported to the administrator or his or her designated representative and to other officials in accordance with state law, within five working days of the incident. If the alleged violation is verified, appropriate corrective actions is taken.

Standard RI.01.06.05

The patient has the right to an environment that preserves dignity and contributes to a positive self-image.

Element(s) of Performance for RI.01.06.05

7. For swing beds in critical access hospitals: The critical access hospital provides environmental adaptations to help residents with dementia, cognitive impairment, or temporary confusion.

Element(s) of Performance for RI.01.06.05

8. For swing beds in critical access hospitals: The critical access hospital provides accommodations for residents with significant others living in the same facility when both individuals consent to the arrangement.

Element(s) of Performance for RI.01.06.05

8. For swing beds in critical access hospitals: The resident has a right to share a room with his or her spouse when married residents are living in the same facility and when both individuals consent to the arrangement.

Element(s) of Performance for RI.01.06.05

19. For swing beds in critical access hospitals: Room changes in an organization that is a composite distinct part (a distinct part consisting of two or more noncontiguous components that are not located within the same campus, as defined in 42 CFR 413.65(a)(2)) are limited to moves within the particular building in which the resident resides, unless the resident voluntarily agrees to move to another of the composite distinct part's locations.

Standard RI.01.06.09

For swing beds in critical access hospitals: The resident has the right to choose his or her medical, dental, and other licensed independent practitioner care providers.

Element(s) of Performance for RI.01.06.09

1. For swing beds in critical access hospitals: The critical access hospital supports the resident's right to choose an attending physician, dentist, and other licensed independent practitioner.
1. For swing beds in critical access hospitals: The critical access hospital supports the resident's right to choose an attending physician, dentist, and other licensed independent practitioner. **Note:** The critical access hospital informs the resident if it determines that the physician chosen by the resident is unlicensed or unable to serve as the attending physician. The critical access hospital also discusses alternative physician participation with the resident and honors the resident's preferences, if any, among the options.

2. For swing beds in critical access hospitals: The critical access hospital supports the resident's right to request a different licensed independent practitioner upon admission and throughout the course of care.

3. For swing beds in critical access hospitals: The critical access hospital makes reasonable attempts to respond to requests from residents to choose a different licensed independent practitioner upon admission and throughout the course of care.

**Standard RI.01.06.11**

For swing beds in critical access hospitals: The resident has the right to communicate with his or her medical, dental, and other licensed independent practitioner care providers.

1. For swing beds in critical access hospitals: The critical access hospital provides the resident and his or her family with the name and telephone number of the licensed independent practitioner or other practitioner primarily responsible for the resident's care.

2. For swing beds in critical access hospitals: The critical access hospital provides the resident and his or her family with the name and professional status of the individual(s) responsible for authorizing and performing procedures and treatments.