MEGA RULE ACTION PLAN
PHASE 3 and RECENTLY UPDATED REGULATORY GUIDANCE

www.TheComplianceStore.com

Section	Overview of New or Updated Regulatory Guidance	Facility Action Needed
§483.10 Resident Rights – Respect and Dignity	**F557** ➢ Residents have the right 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. ➢ CMS provided an additional example of noncompliance that included facility staff searching a resident's body or personal possessions without the resident's or, if applicable, the resident's representative's consent. ➢ Added that the facility should not act as an arm of law enforcement if illegal substances have been brought into the facility or secured from an outside source. Referrals to local law enforcement may be warranted. (If items or substances are identified that pose health and safety risks are in plain view, staff may confiscate them)	Review policies and procedures and update as needed. Communicate updates to residents, staff, and families.
§483.10 Resident Rights – Self Determination	**F561** – Added guidance that if a facility changes its policy to prohibit smoking, it should allow current residents who smoke to continue smoking in a designated area and residents admitted after the policy change must be informed of the policy.	Review policies and procedures and update as needed. Communicate updates to residents, staff, and families.
§483.10 Resident Rights – Right to Receive Visitors	**F563** – Revised guidance to visitation by importing parts of the COVID-19 guidance and included additional information on reasonable clinical and safety restrictions in relation to denying access or providing supervised visits to those with a history of bringing illegal substances into the facility.	Review policies and procedures and update as needed. Communicate updates to residents, staff, and families.
§483.10 Resident Rights – Medicare, Medicaid Coverage, Liability Notice	**F582** – Revised the guidance providing greater detail in regards to beneficiary notices and when to initiate the forms or not and the timeframe for them to be given.	Review policies and procedures and update as needed. Ensure staff who are responsible for initiating and delivering beneficiary notices understand the timing of delivery and if they need to be initiated.

Section	Overview of New or Updated Regulatory Guidance	Facility Action Needed
§483.12 Freedom from Abuse, Neglect, and Exploitation	**F600** ➢ Provided clarification to surveyors that they should not assume every resident-to-resident altercation results in abuse but must determine if the incident meets the definition of abuse. ➢ The facility must take steps to ensure that the resident is protected from abuse. These steps should include evaluating whether the resident has the capacity to consent to sexual activity. ➢ Surveyors should investigate thoroughly that a facility has taken all the appropriate actions to correct noncompliance for a sexual abuse and determine the date the facility returned to substantial compliance before citing a deficiency as past non-compliance. ➢ Specifies when abuse is identified that the facility must take all appropriate steps to remediate the noncompliance and protect residents from additional abuse immediately which includes: • Taking steps to prevent further potential abuse • Reporting the alleged violation and investigation within required timeframes • Conducting a thorough investigation of the alleged violation • Taking appropriate corrective action • Revising the resident's care plan if the resident's medical, nursing, physical, mental or psychosocial needs or preferences change as a result of an incident of abuse. ➢ Provided clarity about neglect and when it has occurred. ➢ Added an example of individual failures that result in neglect – failure to implement an effective communication system across all shifts for communicating necessary care and information between staff, practitioners, and resident representatives. ➢ Expanded the language and revised the Psychosocial Outcome Severity Guide to apply the reasonable person concept to determine the severity of the psychosocial outcome or potential outcome the deficiency may have had on the reasonable person in the resident's position. ➢ Included additional examples of severity level noncompliance.	Review policies and procedures and update as needed. Ensure care plans are revised if the resident has any medical, nursing, physical, mental or psychosocial changes as a result of an incident of abuse. Communicate updates to residents, staff, and families. Understand the potential implications of surveyors determining the severity of psychosocial outcomes based on the Psychosocial Outcome Severity Guide.
	F608 ➢ Information was split between **F607** & **F609** and does not exist anymore.	

Section	Overview of New or Updated Regulatory Guidance	Facility Action Needed
	F607 ➢ Adds the language and guidance from part of **F608** that is concerned with reporting of crimes. ➢ Advises facilities to develop and implement policies and procedures that promote a culture of safety and open communication such as prohibiting retaliation against an employee who reports suspicion of a crime, and posting notices in conspicuous places of the right to file a complaint with the survey agency if an individual believes the facility has retaliated against them and how to file the complaint. ➢ Facilities must develop policies and procedures that define how staff will communicate and coordinate situations of abuse, neglect, misappropriation of resident property, and exploitation with the QAPI program.	Review policies and procedures and update as needed. Communicate updates to residents, staff, and families. Update and revise any training as needed. Ensure the facility has posted notification of employee rights.
	F609 – Incorporates parts of **F608** in regards to reporting allegations of crime and abuse, neglect, misappropriation of resident property, and exploitation, and the timeframes for reporting.	Review policies and procedures and update as needed. Communicate updates to residents, staff and families.
§483.15 Admission, Transfer, and Discharge	**F622** ➢ Surveyors must determine whether a transfer or discharge is resident- or facility-initiated and if facility-initiated transfer or discharge requirements are met that it does not equate to noncompliance. ➢ Updated guidance to clarify once admitted, the resident has a right to remain in the facility unless transfer or discharge meets one of the exceptions. ➢ Residents who transfer to acute care settings must be permitted to return to the facility or the facility must show evidence that the resident's status as the time the resident seeks to return to the facility meets one of the criteria at §483.15(c)(1)(i)(A) through (D). The resident has a right to return to the facility pending an appeal of any facility-initiated discharge unless it endangers the health or safety of the resident or others in the facility and the facility must document the danger it would pose. ➢ Clarifications in regarding information that must be conveyed to receiving providers when a resident is transferred or discharged. ➢ Clarified information about content needed when issuing a discharge notice.	Review policies and procedures and update as needed. Communicate updates to residents, staff, and families.

Section	Overview of New or Updated Regulatory Guidance	Facility Action Needed
§483.21 Comprehensive Person – Centered Care Plan	**F656** – Added language to ensure culturally competent care and trauma-informed care interventions are in place on comprehensive care plans as applicable.	Review policies and procedures and update as needed. Communicate updates with residents, staff, and families. Review relevant care plans to ensure interventions are in place to address trauma-informed care and/or cultural competency.
	F658 – Added a note about CMS being aware of practitioners who have potentially misdiagnosed residents with a condition for which antipsychotics are approved (schizophrenia). Surveyors may determine if noncompliance exists and may require referrals to state medical boards or boards of nursing.	Review physician's order and antipsychotic medication indications for use. Confer with practitioners for clarifications in diagnosis.
§483.25 Quality of Care – Incidents and Accidents	**F689** ➢ Added language about the use of e-cigarettes and facility oversight of their use and the provision of supervision to maintain an accident-free environment. ➢ Addresses safety and potential elopement risks for resident with substance abuse disorders.	Review policies and procedures and update as needed. Communicate updates to residents, staff, and families.
§483.25 Quality of Care – Trauma Informed Care	**F699** ➢ Added guidance about culturally competent care and trauma-informed care. ➢ Added information about assessment, trauma, triggers, culture, cultural competencies, care planning to address past trauma and cultural preferences, monitoring delivery of care and services. ➢ Provided key elements of noncompliance and deficiency examples.	Review policies and procedures and update as needed. Communicate updates to residents, staff, and families. Ensure relevant care plans address culturally competent or trauma-informed care interventions.

Section	Overview of New or Updated Regulatory Guidance	Facility Action Needed
§483.35 Nursing Services – Sufficient Staff	**F725** ➢ Provided guidance to surveyors that compliance with state staffing standards is not necessarily determinative of compliance with Federal staffing standards. ➢ Facilities are required to provide licensed nursing staff 24 hours a day, 7 days a week. ➢ Facilities are responsible to submitting staffing data through CMS Payroll Based Journal (PBJ) system. Surveyors will access the PBJ to identify concerns with staffing.	Review policies and procedures and update as needed. Communicate updates to residents, staff, and families. Ensure processes are in place for timely and accurate submission of PBJ data.
	F727 – Expanded the guidance about RNs on duty at least 8 consecutive hours a day, 7 days a week and the DON serving as a charge nurse with 60 or fewer residents on a daily basis.	Review policies and procedures. Review staffing schedules to ensure appropriate staffing.
§483.40 Behavioral Health Services	**F740** ➢ Added the guidance that the behavioral health care needs of those with SUD or other serious mental disorders should be part of the facility assessment and the facility should determine if they have the capacity, services, and staff skills to meet the requirements. ➢ For residents with an assessed history of a mental disorder or SUD, the care plan must address the individualized needs the resident may have related to the mental disorder or the SUD. ➢ Provided additional information about behavioral contracts. ➢ Included information about schizophrenia and bipolar disorder.	Review policies and procedures and update as needed. Communicate updates to residents, staff, and families. Review the language in any behavioral contracts, if used, to ensure interventions could not be construed as meeting the definition of abuse and that they are not conflicting with resident rights or other requirements of participation.
§483.40 Behavioral Health Services – Sufficient/Competent Staff	**F741** ➢ Facilities must have sufficient direct care staff with knowledge of behavioral health care and services, including those with mental or psychosocial disorders, substance use disorders (SUD), as well as residents with a history of trauma and/or PTSD. ➢ Staff should be aware of those disease processes and disorders (e.g., SUDs) that are relevant to each resident. ➢ Provided additional non-pharmacological interventions to help meet behavioral needs including SUDs.	Review policies and procedures and update as needed. Communicate updates to residents, staff, and families. Ensure staff are competent in behavioral health, mental disorders, and substance use disorders. Revise training as indicated.

Section	Overview of New or Updated Regulatory Guidance	Facility Action Needed
§483.45 Pharmacy Services – Controlled Medications	**F755** – Updated guidance about disposal of fentanyl patches.	Review policies and procedures to ensure fentanyl patches are disposed of appropriately based upon federal, state or local requirements.
§483.45 Pharmacy Services – Unnecessary Drugs and Psychotropic Drugs	**F758** ➢ Added statement that as part of a facility's QAPI program, the facility could track its use of certain medication classes, such as antipsychotics, through reports from long-term care pharmacists to identify trends and reduce adverse events. ➢ Updated guidance that the medical record must show documentation of the diagnosed condition for the psychotropic medication is prescribed. ➢ Use of other psychotropic medications, other than antipsychotics, should not increase when efforts to decrease antipsychotic medications are being implemented. ➢ Requirements pertaining to psychotropic medications applies to the four categories of drugs (antipsychotic, antidepressant, antianxiety, and hypnotic), regardless of their indication for use (i.e., nausea, insomnia, itching) due to the risks associated with psychotropic medications. ➢ Other medications not classified as psychotropic but affect brain activity should not be used as a substitution for another psychotropic medication unless prescribed with a documented clinical indication consistent with accepted clinical standards of practice. (e.g., antihistamines, anti-cholinergic, and CNS agents used to treat seizures, mood disorders, PBA, muscle spasms, or stiffness). The requirements for psychotropic medications apply to these types when their documented use appears to be a substitution for another psychotropic medication rather than for the original or approved indication. ➢ Reiterated the note about potentially misdiagnosing residents with a condition for which antipsychotics are an approved use. ➢ Dose reductions should occur in modest increments over adequate periods of time to minimize withdrawal symptoms and to monitor symptoms recurrence.	Review policies and procedure and update as needed. Communicate updates to residents, staff, and families. Review diagnoses and indications for use for psychotropic and non-psychotropic medications being used as a substitution for a psychotropic medication and ensure their appropriateness. Consider tracking certain medications through the QAPI program. Review residents on psychotropic medications for appropriate gradual dose reductions or ensure contraindication statements from the physician or practitioner are in the medical record.

Section	Overview of New or Updated Regulatory Guidance	Facility Action Needed
§483.60 Food and Nutrition Services	**F812** ➢ Separated the terms "Food Distribution" and "Food Service". ➢ Added information about foodborne illnesses and unsafe food handling practices. ➢ Added guidance that food service staff must wear hairnets when cooking, preparing, or assembling food but staff does not when distributing food or assisting residents to dine. ➢ Gloves must be worn when directly touching ready-to-eat food but not when assisting residents to dine or distributing foods. ➢ Clarified that dining locations are any area where one or more residents eat their meals. Can be adjacent to the kitchen or a distance from the kitchen (e.g., resident rooms and dining rooms on other floors or areas of the building).	Review policies and procedures and update as needed. Communicate updates to staff.
§483.70 Administration – Binding Arbitration Agreements	**F847 (NEW TAG)** ➢ Guidance implements the regulation governing use of arbitration agreements that went into effect on September 16, 2019. ➢ Implements the regulation's prohibition against making entry into an arbitration agreement a condition of admission or continued stay. ➢ Spells out the facility's responsibility to inform them of their right not to sign the agreement as such as above. ➢ Spells out that the agreement is explained in a form and manner they understand and that they understand it. ➢ The agreement must grant them the right to rescind the agreement with 30 calendar days of signing it. ➢ The agreement must state that neither the resident or their representative is required to sign the agreement as a condition of admission or continued stay. ➢ The agreement does not contain any language that prohibits or discourages the resident or anyone from communicating with federal, state or local officials.	Review policies and procedures and update as needed. Review arbitration agreements, if used, to determine compliance with the language of the agreement. Communicate updates to residents, staff, and families.

Section	Overview of New or Updated Regulatory Guidance	Facility Action Needed
	F848 (NEW TAG) ➢ Implements the requirements that arbitration agreements provide for the selection of a neutral arbitrator agreed upon by both parties. ➢ The agreement provides for the selection of a venue that is convenient to both parties.	
§483.70 Administration Mandatory Submission of Staffing (PBJ)	**F851** – Reinforces that surveyors will be using PBJ data to determine if facilities submitted the required staffing information.	Review policies and procedures and update as needed. Ensure processes are in place for timely and accurate submission of PBJ data.
§483.75 Quality Assurance Performance Improvement (QAPI) – QAPI Program/Plan	**F865** ➢ Intent is to ensure that facilities implement a comprehensive QAPI program which addresses all the care and unique services a facility provides. ➢ Clarifies the purpose of a QAPI program and that facilities' must present evidence of their ongoing QAPI program implementation and compliance with the requirements. ➢ Addresses the program design and scope and governance and leadership. ➢ Addresses that failure to produce evidence of compliance can lead to a citation of noncompliance.	Review policies and procedures and update as needed. Communicate updates with residents, staff, and families. Review your facility's QAPI processes to ensure compliance with the program.
	F866 ➢ Information has been relocated to **F867.**	
§483.75 Quality Assurance Performance Improvement (QAPI) – QAPI Data Collection and Monitoring/QAA Improvement Activities	**F867** ➢ Revised guidance to ensure that facilities establish policies and procedures related to feedback, data collection and monitoring, evaluating performance indicators, systematic analysis and action, establishing priorities, tracking of medical errors and adverse events. ➢ Facilities must conduct at least one performance improvement project (PIP) annually that focuses on high-risk or problem-prone areas. ➢ Spells out the responsibilities of the Quality Assessment and Assurance committee.	Review policies and procedures and update as needed. Communicate updates with residents, staff, and families. Review your facility's QAPI processes to ensure compliance with the program.

Section	Overview of New or Updated Regulatory Guidance	Facility Action Needed
§483.75 **QAPI –** **QAA Committee**	**F868** – The infection preventionist must be a member of the facility's QAA committee and report to the committee on IPCP on a regular basis.	Ensure the infection preventionist is part of the QAA committee.
§483.80 **Infection Control –** **Infection Prevention and Control**	**F880** ➢ Defines "staff". ➢ Facilities should develop policies and procedures to define standard precautions and transmission-based precautions. ➢ Added definitions of C Diff infection, legionellosis, MDROs. ➢ Added guidance that more active screening (i.e., completion of a screening took or questionnaire) may be needed. ➢ Added guidance about routine cleaning and disinfecting of environmental surfaces. ➢ Added guidance about water management and measures to minimize the risk of Legionella and other pathogens in water systems by having a documented water management program. ➢ Added guidance about contact precautions if drainage, diarrhea, etc. cannot be contained even before a specific organism has been identified. ➢ Added guidance about MDRO colonization and infection and the use of contact precautions for certain situations. ➢ Added guidance that if a resident who requires droplet precautions needs to share a room with a resident who does not have the same infection, the facility should consider placement on a case-by-case basis after considering infection risks to other residents in the room and available alternatives. ➢ Facilities can be cited for immediate jeopardy if they fail to clean and disinfect blood glucose meters per device and disinfectant manufacturer's instructions for use, and they are used for more than one resident and a resident has a bloodborne pathogen.	Review policies and procedures and update as needed. Communicate updates to residents, staff, and families. Review your facility's infection control and prevention program and update as needed. Review your facility's water management program and update as needed. Review blood glucose machine use and disinfection practices.

Section	Overview of New or Updated Regulatory Guidance	Facility Action Needed
§483.80 Infection Control – IPCP and Antibiotic Stewardship Program	**F881** ➢ Added guidance about monitoring/reviewing response to antibiotics and laboratory results when available to determine if the antibiotic is still indicated or adjustments should be made (e.g., antibiotic timeout). ➢ Facilities should provide feedback to prescribing practitioners regarding antibiotic resistance data, their antibiotic use and their compliance with facility antibiotic use protocols to improve prescribing practices and resident outcomes. ➢ Require antibiotic orders to include the indication, dose and duration.	Review policies and procedures and update as needed. Communicate updates to residents, staff, and families. Review antibiotic stewardship program and update as needed. Review residents on antibiotics to ensure orders have the required information.
§483.80 Infection Control – IP Qualifications/Role	**F882** ➢ Provides guidance about ensuring the facility designates a qualified individual(s) onsite for implementing the IPCP and their responsibilities. ➢ Provides guidelines to the IP primary professional training, qualifications, hours of work, and specialized training.	Review policies and procedures and update as needed. Review the infection preventionist job description and update as needed.
§483.85 Compliance and Ethics	**F895** ➢ Facilities must have a comprehensive compliance and ethics program and surveyors will be reviewing to determine if the program is in place. ➢ Facilities must have a compliance and ethics program, written policies and procedures, high-level personnel oversight, sufficient resources and authority, delegation of substantial discretionary authority, effective communication of program standards, policies and procedures, reasonable steps to achieve program compliance, consistent enforcement through disciplinary mechanisms, response to detected violations, and an annual review. ➢ Organizations with five or more facilities must have mandatory annual training, a designated compliance officer and a designated compliance liaison.	Review policies and procedures and update as needed. Review training and update as needed. Communicate updates to staff.

Section	Overview of New or Updated Regulatory Guidance	Facility Action Needed
§483.90 Physical Environment – Resident Rooms/ Bedrooms	**F911** ➢ While no specific updated guidance, CMS is urging providers to consider changing maximum occupancy to two residents per room and explore ways to allow for single occupancy as per QSO-22-19-NH. ➢ For facilities that receive approval of construction or reconstruction plans from state and local authorities or are newly certified after November 28, 2016 each resident room must meet the new requirements of no more than two residents per room.	Evaluate for potential physical environment changes.
§483.90 Physical Environment – Resident Call System	**F919** – Added guidance to say that call systems must be accessible to residents while in their bed or other sleeping accommodations within their rooms and at each toilet and bath or shower facility and should be accessible to a resident lying on the floor.	Evaluate call systems to ensure compliance.
§483.95 Training Requirements – General	**F940** ➢ Facilities are required to develop, implement, and maintain an effective training program for all staff. ➢ Competencies and skill sets for all new and existing staff, individuals providing contractual services, and volunteers must be consistent. ➢ Records of training must be kept. ➢ Format of training is flexible for facilities. ➢ Facilities would be cited for failure to implement trainings for multiple training topics.	Review trainings and schedule and revise as needed or as changes arise. Ensure training records are kept and accurate.
§483.95 Training Requirements – Communication Training	**F941** ➢ Communication topics for training should reflect the needs of the resident population and the needs of the staff and correspond with the facility assessment. (Communication services include teletypewriters, telecommunications devices for the deaf, cell phones, electronic communications like email, video communications).	Review communication trainings and revise as needed or as changes arise. Ensure training records are kept and accurate.
§483.95 Training Requirements – Resident's Rights and Facility Responsibilities	**F942** – Facilities develop and implement ongoing education programs on all resident rights and facility responsibilities for caring of residents.	Review resident rights training and revise as needed. Ensure training records are kept and accurate.

Section	Overview of New or Updated Regulatory Guidance	Facility Action Needed
§483.95 Training Requirements – QAPI Training	**F944** – Facilities must conduct mandatory training for all staff on the facility's QAPI program.	Review QAPI training and revise as needed. Ensure training records are kept and accurate.
§483.95 Training Requirements – Infection Control	**F945** – Facilities must develop, implement and permanently maintain an effective IPCP training and revise training programs when changes occur.	Review infection control training and revise as needed or as changes arise. Ensure training records are kept and accurate.
§483.95 Training Requirements – Compliance and Ethics Training	**F946** ➢ Operating organizations must provide a training program or another practical manner to effectively communicate the standards, policies and procedures of the compliance and ethics program to entire staff. ➢ Operating organizations that operate five or more facilities must conduct annual training. ➢ Must be a process in place to track staff participation in the required trainings.	Review compliance and ethics training and revise as needed or as changes arise. Ensure training records are kept and accurate. Ensure annual training is set for organizations that operate five or more facilities.
§483.95 Training Requirements – Behavioral Health Training	**F949** – Facilities must develop, implement, and maintain an effective training program for all staff, which includes training on behavioral health care and services as determined by staff need and facility assessment. Revisions may be necessary based on changes to resident population, staff turnover, the facility's physical environment, and modifications to the facility assessment.	Review behavioral health training and revise as needed or as changes arise. Ensure training records are kept and accurate.
Other F Tags to Review	**F604** – Clarifies that a "a bed rail is considered to be a restraint if the bed rail keeps a resident from voluntarily getting out of bed in a safe manner due to his/her physical or cognitive inability to lower the bed rail independently.	Evaluate bed rails on residents that are in use to determine if it meets the definition of a restraint.
	F686 – Changed the timeline for when pressure ulcer/injury risk assessment tools should be done (e.g., on admission, weekly for the first four weeks after admission, then *quarterly* or whenever there is a change in the resident's condition,	Review policies and procedures and update as needed.

Section	Overview of New or Updated Regulatory Guidance	Facility Action Needed
	F687 ➢ Clarifies that foot care, "such as toe nail clipping for residents without complicating disease processes, *should* be provided by staff who have received education and training to provide this service. Foot care and treatment must be provided within professional standards of practice *and state scope of practice, as applicable*." ➢ Added guidance that staff must follow proper infection prevention and control practices for foot care equipment/devices.	Review policies and procedures and update as needed.
	F690 – Adds a note to say F690 includes the appropriate treatment and services to restore bowel function for a resident with fecal incontinence, but for concerns related to bowel management (e.g., constipation, fecal impaction), refer to F684 – Quality of Care.	Review policies and procedures and update as needed.
	F694 – Adds guidance to include on policies and procedures: ➢ Use of appropriate antiseptic to scrub IV ports, needleless connectors, and hubs prior to access or use. ➢ Frequency of assessment of IV catheters to assess the insertion site for signs and symptoms of infection or inflammation dependent upon the ability of the resident to report symptoms, type of infusion, location of the IV catheter, and facility policy based on long-term care pharmacy IV policies and procedures. ➢ Assessment of the continued need for the catheter if not being used for IV fluids or medications.	Review policies and procedures and update as needed.
	F697 ➢ Updates the guidance to address the use and risks of opioids for pain management in light of the ongoing opioid crisis in addition to considerations for treating pain in a resident with an addiction history or opioid use disorder. Adds definitions of medication assisted treatment (MAT) and opioid use disorder (OUD). ➢ Includes information to assess residents for a history of addiction, past and/or ongoing and related treatment for OUD and any current medical conditions or medications including medication assisted treatment for OUD. ➢ Additionally, facilities should evaluate whether there is a time or day pattern to a resident's reports or signs of increased pain to ensure that the problem is not due to drug diversion.	Review policies and procedures and update as needed.

Section	Overview of New or Updated Regulatory Guidance	Facility Action Needed
	F700 ➢ Clarifies that prior to the installation *or use* of bed rails that the facility attempts to use alternatives. ➢ Clarifies that after the facility has first attempted to use appropriate alternatives to bed rails and determined that the alternatives do not meet the resident's needs, the facility must assess the resident for the risks of entrapment and *review* possible *risks and* benefits of bed rails *prior to installation or use*. ➢ Provides additional resources for alternatives to bed rails. ➢ Added guidance that facilities should have a process for determining whether beds, including mattresses and rails, are appropriate and safe for their residents. ➢ Added guidance that facilities should follow manufacturers' recommendations/instructions regarding disabling or tying down rails. While CMS regulations do not specify that bed rails must be removed or disabled when not in use, if bed rails are not appropriate for the resident and the facility chooses to keep the bed rail on the bed, but in the down position, raising the rail even for episodic use during care would be considered noncompliance if all of the requirements (assessment, informed consent, appropriateness of bed, and inspection and maintenance) are not met prior to the episodic bedrail use for the resident.	Review policies and procedures and update as needed. Review bed rail assessments. Reevaluate bed rail use on resident currently using bed rails. Review processes for bed rail/mattress safety.
	F712 – Updates the table to show what non-physician practitioners can or cannot perform in terms of initial comprehensive visits, admission orders, other required visit and orders, other medically necessary visits and orders and certification/recertification.	Review policies and procedures and any state requirements.
	F729 – Updates the procedure for surveyors to review a minimum of five nurse aide personnel files including any specific staff members with whom concerns were identified.	Review registry verification and any nurse aide that has not provided nursing related services for monetary compensation over a 24-month period and did not complete a new training and competency evaluation program.
	F732 – Adds new procedures and probes for surveyors to determine compliance through observation and record reviews of daily nurse staff postings; Adds that failure to make daily staffing available to the public for review upon request can be cited as a deficient practice.	Review policies and procedures and update as needed. Review nurse staff posting processes.

The information included above is not all inclusive and is intended to give the reader brief highlights of the forthcoming changes. Review of Appendix PP and the associated F tags is crucial to understand the scope of the changes and expectations of CMS. The Compliance Store is working to ensure that our policies, procedures, tools and any other resources are updated to reflect these changes, and these revisions will be released over the coming weeks and months prior to the effective date.