

## **F164**

### **§483.10(e) Privacy and Confidentiality**

**The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.**

**(1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident;**

**(2) Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility;**

**(3) The resident's right to refuse release of personal and clinical records does not apply when--**

**(i) The resident is transferred to another health care institution; or**

**(ii) Record release is required by law**

#### **Interpretive Guidelines §483.10(e)**

**“Right to privacy”** means that the resident has the right to privacy with whomever the resident wishes to be private and that this privacy should include full visual, and, to the extent desired, for visits or other activities, auditory privacy. Private space may be created flexibly and need not be dedicated solely for visitation purposes.

For example, privacy for visitation or meetings might be arranged by using a dining area between meals, a vacant chapel, office or room; or an activities area when activities are not in progress. Arrangements for private space could be accomplished through cooperation between the facility's administration and resident or family groups so that private space is provided for those requesting it without infringement on the rights of other residents.

With the exception of the explicit requirement for privacy curtains in all initially certified facilities (see [§483.70\(d\)\(1\)\(v\)](#)), the facility is free to innovate to provide privacy for its residents, as exemplified in the preceding paragraph. This may, but need not, be through the provision of a private room.

Facility staff must examine and treat residents in a manner that maintains the privacy of their bodies. A resident must be granted privacy when going to the bathroom and in other activities of personal hygiene. If an individual requires assistance, authorized staff should respect the individual's need for privacy. Only authorized staff directly involved

in treatment should be present when treatments are given. People not involved in the care of the individual should not be present without the individual's consent while he/she is being examined or treated. Staff should pull privacy curtains, close doors, or otherwise remove residents from public view and provide clothing or draping to prevent unnecessary exposure of body parts during the provision of personal care and services.

Personal and clinical records include all types of records the facility might keep on a resident, whether they are medical, social, fund accounts, automated or other.

Additional guidelines on mail, visitation rights and telephone communication are addressed in [§483.10\(i\)](#), [\(j\)](#) and [\(k\)](#). See [§483.70\(d\)\(1\)\(iv\)](#) for full visual privacy around beds.

### **Procedures §483.10(e)(1) - (3)**

Document **any** instances where you **observe** a resident's privacy being violated. Completely document how the resident's privacy was violated (e.g., Resident #12 left without gown or bed covers and unattended), and where and when this occurred (e.g., 2B Corridor, 3:30 pm, February 25). If possible, identify the responsible party.

**§483.75(l)(4) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is required by--**

- (i) Transfer to another health care institution;**
- (ii) Law;**
- (iii) Third party payment contract; or**
- (iv) The resident.**

### **Interpretive Guidelines §483.75(l)(4)**

“Keep confidential” is defined as safeguarding the content of information including video, audio, or other computer stored information from unauthorized disclosure without the consent of the individual and/or the individual's surrogate or representative.

If there is information considered too confidential to place in the record used by all staff, such as the family's financial assets or sensitive medical data, it may be retained in a secure place in the facility, such as a locked cabinet in the administrator's office. The record should show the location of this confidential information.

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**F174**

### **§483.10(k) Telephone**

**The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.**

#### **Interpretive Guidelines §483.10(k)**

Telephones in staff offices or at nurses' stations do not meet the provisions of this requirement. Examples of facility accommodations to provide reasonable access to the use of a telephone without being overheard include providing cordless telephones or having telephone jacks in residents' rooms.

"Reasonable access" includes placing telephones at a height accessible to residents who use wheelchairs and adapting telephones for use by the residents with impaired hearing.

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### **§483.10(l) Personal Property**

**The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.**

#### **Intent §483.10(l)**

The intent of this regulation is to encourage residents to bring personal possessions into the facility, as space, safety considerations and fire code permits.

#### **Interpretive Guidelines §483.10(l)**

All residents' possessions, regardless of their apparent value to others, must be treated with respect, for what they are and for what they may represent to the resident. The right to retain and use personal possessions assures that the residents' environment be as homelike as possible and that residents retain as much control over their lives as possible. The facility has the right to limit the resident's exercise of this right on grounds of space and health or safety.

#### **Procedures §483.10(l)**

If residents' rooms have few personal possessions, ask residents, families and the local ombudsman if:

- Residents are encouraged to have and to use them;

- The facility informs residents not to bring in certain items and for what reason; and
- Personal property is safe in the facility.

Ask staff if the facility sets limits on the value of the property that residents may have in their possession or requires that residents put personal property in the facility's safe.

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## **F175**

### **§483.10(m) Married Couples**

**The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.**

#### **Interpretive Guidelines §483.10(m)**

The right of residents who are married to each other to share a room does not give a resident the right, or the facility the responsibility, to compel another resident to relocate to accommodate a spouse. The requirement means that when a room is available for a married couple to share, the facility must permit them to share it if they choose. If a married resident's spouse is admitted to the facility later and the couple want to share a room, the facility must provide a shared room as quickly as possible. However, a couple is not able to share a room if one of the spouses has a different payment source for which the facility is not certified (if the room is in a distinct part, unless one of the spouses elects to pay for his or her care).

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## **F246**

### **§483.15(e) Accommodation of Needs**

**A resident has a right to --**

**§483.15(e)(1) Reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and**

**ALSO SEE INTERPRETIVE GUIDANCE AT TAG F247**

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## **F247**

### **A resident has a right to—**

**§483.15(e)(2) Receive notice before the resident’s room or roommate in the facility is changed.**

#### **Interpretive Guidelines §483.15(e)**

“Reasonable accommodations of individual needs and preferences,” is defined as the facility’s efforts to individualize the resident’s environment. The facility’s physical environment and staff behaviors should be directed toward assisting the resident in maintaining and/or achieving independent functioning, dignity, and well-being to the extent possible in accordance with the resident’s own preferences, assessment and care plans. The facility should attempt to adapt such things as schedules, call systems, and room arrangements to accommodate residents’ preferences, desires, and unique needs.

This requirement applies to areas and environment in accordance with needs and preferences NOT addresses at: [§§483.10\(k\)](#), Telephone; [483.10\(1\)](#), Personal Property; [483.10\(m\)](#), Married Couples; [483.15\(b\)](#), Self-Determination and Participation; [483.15\(f\)\(1\)](#), Activities; [483.15\(g\)\(1\)](#), Social Services; [483.15\(h\)\(1\)](#), Homelike Environment; [483.25\(a\)\(2\) and \(3\)](#), Activities of Daily Living; [483.25\(f\)\(1\)](#), Psychosocial functioning; [483.25\(h\)\(2\)](#), Accidents, Prevention-Assistive devices; [483.35\(d\)\(3\)](#), Food prepared in a form designed to meet individual needs.

The facility must demonstrate that it accommodates residents’ needs. For example, if the resident refuses a bath because he or she prefers a shower, prefers it at a different time of day or on a different day, does not feel well that day, is uneasy about the aide assigned to help or is worried about falling, the staff should make the necessary adjustments realizing the resident is not refusing to be clean but refusing the bath under the circumstance provided. The facility staff should meet with the resident to make adjustments in the care plan to accommodate his or her needs.

This includes learning the residents preferences and taking them into account when discussing changes of rooms or roommates and the timing of such changes. In addition, this also includes making necessary adjustments to ensure that residents are able to reach call cords, buttons or other communication mechanisms, as well as accommodating food activities or room choices.

#### **Procedures §483.15(e)**

Observe resident-staff interaction and determine to what extent staff attempt to accommodate residents’ preferences. For those areas not addressed in other regulations, determine what happens when a resident states a preference in the form of a refusal.

How does the staff attempt to learn what the resident is refusing, and why, and make adjustments to an extent practicable to meet the resident's needs?

**Probes: §483.15(e)**

- Are rooms arranged such that residents in wheel chairs can easily access personal items and transfer in and out of bed?
- Does the facility respond to residents' stated needs and preferences?
- If the resident is unable to express needs and preferences that would individualize care, has the family expressed the resident's routine and has the facility responded?

**Interpretive Guidelines §483.15(e)(1)**

Review the extent to which the facility adapts the physical environment to enable residents to maintain unassisted functioning. These adaptations include, but are not limited to:

1. Furniture and adaptive equipment that enable residents to:
  - a. Stand independently;
  - b. Transfer without assistance (e.g., arm supports, correct chair height, firm support);
  - c. Maintain body symmetry; and
  - d. Participate in resident-preferred activities.
2. Measures that:
  - a. Enable residents with dementia to walk freely;
  - b. Reorient and remotivate residents with restorative potential (e.g., displaying easily readable calendars and clocks, wall hangings evocative of the lives of residents);
  - c. Promote conversation and socialization (pictures and decorations that speak to the resident's age cohort); and
  - d. Promote mobility and independence for disabled residents in going to the bathroom (e.g., grab bars, elevated toilet seats).

Determine if staff use appropriate measures to facilitate communication with residents who have difficulty communicating. For example, if necessary, does staff get at eye level, allow them to remove a resident from noisy surroundings?

Determine if staff communicate effectively with residents with cognitive impairments, such as referring in a non-contradictory way to what residents are saying, and addressing what residents are trying to express to the agenda behind their behavior.

**Probes: §483.15(e)(1)(2)**

How have residents' needs been accommodated? Do environmental adaptations enhance residents' independence, self-control, and highest practicable well-being? Is the fit between residents' needs and environment positive?

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**F252**

**§483.15(h) Environment**

**The facility must provide--**

**§483.15(h)(1) A safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;**

**Interpretive Guidelines §483.15(h)(1)**

For "safe" environment, also see Guidelines for [§§483.25\(h\)](#), Accidents, and [483.70\(a\)](#), Life Safety Code."

For Comfortable Environment, see Guidelines for [483.15\(h\)\(5\)](#), Adequate and Comfortable Lighting Levels; [483.15\(h\)\(6\)](#), Comfortable and Safe Temperature Levels; and [483.15\(h\)\(7\)](#), Comfortable Sound Levels.

A determination of "comfortable and homelike" should include, whenever possible, the resident's or representative of the resident's opinion of the living environment.

The absence of a personalized, homelike environment in a resident's room, is not meaningful unless the survey team determines that the absence of personal belongings is a result of facility practices, rather than the result of resident choice or circumstances (e.g., lack of resident funds, lack of family support system, resident's reason for being in the facility, such as short-term rehabilitation).

A "homelike environment" is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A personalized, homelike environment recognizes

the individuality and autonomy of the resident, provides an opportunity for self-expression and encourages links with the past and family members. Use this Tag when the facility fails to allow the resident to personalize his or her individual environment to the extent possible. Use Tag [F224, 483.15\(c\)](#), if the facility fails to have a system in place to prevent the misappropriation of resident's property.

For purposes of this requirement, "environment" refers to any environment in the facility that is frequented by residents, including the residents' rooms, bathrooms, hallways, activity areas, and therapy areas.

If the survey team observes that the rooms of residents with dementia do not appear to be homelike, determine if this decision was made in the context of assessment and care planning; i.e., that this environment assists these residents to maintain their highest practicable functioning levels.

If the team observes non-homelike environments for residents with dementia, determine if each of these residents have the same plan of care and the reason why each of these residents have the same plan of care.

By observing the residents' surroundings, what can the survey team learn about their everyday life and interests? Their life prior to residing in the facility? Observe for family photographs, books and magazines, bedspreads, knickknacks, mementos, and furniture that belong to the residents. For residents who have no relatives or friends, and have few assets, determine the extent to which the facility has assisted these residents to make their rooms homelike, if they so desire.

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## **F253**

### **§483.15(h)(2)**

**§483.15(h)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;**

#### **Intent §483.15(h)(2)**

The intent of this requirement is to focus on the facility's responsibility to provide effective housekeeping and maintenance services.

#### **Interpretive Guidelines §483.15(h)(2)**

"Sanitary" includes, but is not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. Resident care equipment includes toothbrushes, dentures, denture cups, glasses and water pitchers, emesis basins, hair brushes and combs, bed pans, urinals, feeding tubes, leg bags and catheter bags, pads and positioning devices.

For kitchen sanitation, see [§483.70\(h\)](#), Other Environmental Conditions.

For facility-wide sanitary practices affecting the quality of care, see [§483.65](#), Infection Control.

“Orderly” is defined as an uncluttered physical environment that is neat and well-kept.

**Procedures §483.15(h)(2)**

Balance the resident’s need for a homelike environment and the requirements of having a “sanitary” environment in a congregate living situation. For example, a resident may prefer a cluttered room, but does this clutter result in unsanitary or unsafe conditions?

**Probes: §483.15(h)(2)**

Is resident care equipment sanitary?

Is the area orderly?

Is the area uncluttered and in good repair?

Can residents and staff function unimpeded?

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**F254**

**§483.15(h)(3)**

**§483.15(h)(3) Clean bed and bath linens that are in good condition;**

**Probes: §483.15(h)(3)**

Are bed linens clean and in good condition? Are there clean towels and wash cloths in good condition available for the resident?

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**F255**

**§483.15(h)(4)**

**§483.15(h)(4) Private closet space in each resident room, as specified in §483.70(d)(2)(iv) of this part;**

## **Interpretive Guidelines §483.15(h)(4)**

[§483.70\(d\)\(2\)\(iv\)](#) states: “The facility must provide each resident with individual closet space in his/her bedroom with clothes racks and shelves accessible to the resident.”

### **Probes: §483.15(h)(4)**

Are there individual closet spaces with accessible shelves?

Also see F470.

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## **F256**

### **§483.15(h)(5)**

#### **§483.15(h)(5) Adequate and comfortable lighting levels in all areas;**

### **Interpretive Guidelines §483.15(h)(5)**

“Adequate lighting” is defined as levels of illumination suitable to tasks the resident chooses to perform or the facility staff must perform. For some residents (e.g., those with glaucoma), lower levels of lighting would be more suitable.

“Comfortable” lighting is defined as lighting which minimizes glare and provides maximum resident control, where feasible, over the intensity, location, and direction of illumination so that visually impaired residents can maintain or enhance independent functioning.

### **Procedures §483.15(h)(5)**

Are there adequate and comfortable lighting levels for individual resident and staff work needs?

Consider the illumination available from any source, natural or artificial. For hallways, observe the illumination that is normally present. For resident rooms or for other spaces where residents can control the lighting, turn on the lights and make the rating under these conditions.

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## **F257**

### **§483.15(h)(6)**

**§483.15(h)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 - 81° F; and**

## **Procedures §483.15(h)(6)**

“Comfortable and safe temperature levels” means that the ambient temperature should be in a relatively narrow range that minimizes residents’ susceptibility to loss of body heat and risk of hypothermia or susceptibility to respiratory ailments and colds. Although there are no explicit temperatures standards for facilities certified on or before October 1, 1990, these facilities still must maintain safe and comfortable temperature levels.

For facilities certified after October 1, 1990, temperatures may exceed the upper range of 81° F for facilities in geographic areas of the country (primarily at the northernmost latitudes) where that temperature is exceeded only during rare, brief unseasonably hot weather. This interpretation would apply in cases where it does not adversely affect resident health and safety, and would enable facilities in areas of the country with relatively cold climates to avoid the expense of installing air conditioning equipment that would only be needed infrequently. Conversely, the temperatures may fall below 71° F for facilities in areas of the country where that temperature is exceeded only during brief episodes of unseasonably cold weather (minimum temperature must still be maintained at a sufficient level to minimize risk of hypothermia and susceptibility to loss of body heat, respiratory ailments and colds.)

Measure the air temperature above floor level in resident rooms, dining areas, and common areas. If the temperature is out of the 71-81 degree range, then ask staff what actions they take when residents complain of heat or cold, e.g., provide extra fluids during heat waves and extra blankets and sweaters in cold.

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## **F258**

### **§483.15(h)(7)**

**§483.15(h)(7) For the maintenance of comfortable sound levels.**

### **Interpretive Guidelines §483.15(h)(7)**

“Comfortable” sound levels do not interfere with resident’s hearing and enhance privacy when privacy is desired, and encourage interaction when social participation is desired. Of particular concern to comfortable sound levels is the resident’s control over unwanted noise.

### **Procedures §483.15(h)(7)**

Determine if the sound levels are comfortable to residents. Do residents and staff have to raise their voices to communicate over background sounds? Are sound levels suitable for the activities occurring in that space during observation?

Consider whether residents have difficulty hearing or making themselves heard because of background sounds (e.g., overuse or excessive volume of intercom, shouting, loud TV, cleaning equipment). Consider if it is difficult for residents to concentrate because of distractions or background noises such as traffic, music, equipment, or staff behavior. Consider the comfort of sound levels based on the needs of the residents participating in a particular activity, e.g., the sound levels may have to be turned up for hard of hearing individuals watching TV or listening to the radio. Consider the effect of noise on the comfort of residents with dementia.

During resident reviews, ask residents if during evenings and at nighttime, sounds are at comfortable levels? (If yes) Have you told staff about it and how have they responded?

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## **F454**

### **§483.70 Physical Environment**

**The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public.**

#### **§483.70(a) Life Safety From Fire**

**§483.70(a)(1) Except as otherwise provided in this section –**

**§483.70(a)(1)(i) the facility must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101<sup>®</sup> 2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to**

**[http://www.archives.gov/federal\\_register/code\\_of\\_federal\\_regulations/ibr\\_locations.html](http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html). Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the FEDERAL REGISTER to announce the changes.**

**§483.70(a)(1)(ii) Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the LSC does not apply to long-term care facilities.**

**§483.70(a)(2) After consideration of State survey agency findings, CMS may waive specific provisions of the Life Safety Code which, if rigidly applied, would result in unreasonable hardship upon the facility, but only if the waiver does not adversely affect the health and safety of the patients.**

**§483.70(a)(3) The provisions of the Life Safety Code do not apply in a State where CMS finds, in accordance with applicable provisions of sections [1819\(d\)\(2\)\(B\)\(ii\)](#) and [1919\(d\)\(2\)\(B\)\(ii\)](#) of the Act, that a fire and safety code imposed by State law adequately protects patients, residents and personnel in long term care facilities.**

**§483.70(a)(4) Beginning March 13, 2006, a long-term care facility must be in compliance with Chapter 19.2.9, Emergency Lighting.**

**§483.70(a)(5) Beginning March 13, 2006, Chapter 19.3.6.3.2, exception number 2 does not apply to long-term care facilities.**

**§483.70(a)(6) Notwithstanding any provisions of the 2000 edition of the Life Safety Code to the contrary, a long-term care facility may install alcohol-based hand rub dispensers in its facility if -**

**§483.70(a)(6)(i) Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities;**

**§483.70(a)(6)(ii) The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls;**

**§483.70(a)(6)(iii) The dispensers are installed in a manner that adequately protects against access by vulnerable populations; and**

**§483.70(a)(6)(iv) The dispensers are installed in accordance with chapter 18.3.2.7 or chapter 19.3.2.7 of the 2000 edition of the Life Safety Code, as amended by NFPA Temporary Interim Amendment 00-1(101), issued by the Standards Council of the National Fire Protection Association on April 15, 2004. The Director of the Office of the Federal Register has approved NFPA temporary interim Amendment 00-1(101) for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the amendment is available for inspection at CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD and at the Office of the Federal Register, 800 North Capitol Street NW, Suite 700, Washington, DC. Copies may be obtained from the National Fire Protection Association, 1 Battery March Park, Quincy, MA 02269. If any additional changes are made to this amendment, CMS will publish notice in the Federal Register to announce the changes.**

**§483.70(a)(7) A long-term care facility must:**

**§483.70(a)(7)(i) Install battery-operated smoke detectors in resident sleeping rooms and public areas by May 24, 2006.**

**§483.70(a)(7)(ii) Have a program for testing, maintenance, and battery replacement to insure the reliability of the smoke detectors.**

**§483.70(a)(7)(iii) Exception:**

**§483.70(a)(7)(iii)(A) The facility has a hard-wired AC smoke detection system in patient rooms and public areas that is installed, tested, and maintained in accordance with NFPA 72, National Fire Alarm Code, for hard-wired AC systems; or**

**§483.70(a)(7)(iii)(B) The facility has a sprinkler system throughout that is installed, tested, and maintained in accordance with NFPA 13, Automatic Sprinklers.**

**Interpretive Guidelines: §483.70(a)**

A waiver of specific provisions of the Life Safety Code is reviewed each time a facility is certified. The State fire authority will determine if the waiver continues to be justified, in that compliance with the requirement would result in an unreasonable hardship upon the facility and does not adversely affect the health and safety of residents or personnel. The State fire authority will forward its findings and recommendation as soon as possible to the State survey agency which will forward it to the CMS RO for a decision on granting a waiver.

**Procedures: §483.70(a)**

The survey for safety from fire is normally conducted by the designated State fire authority. The State agency must establish a procedure for the State fire authority to notify them whether the facility is or is not in compliance with the requirement. If the survey team observes fire hazards or possible deficiencies in life safety from fire, they must notify the designated State fire authority or the RO.

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**F455**

**§483.70(b) Emergency Power**

**(1) An emergency electrical power system must supply power adequate at least for lighting all entrances and exits; equipment to maintain the fire detection, alarm, and extinguishing systems; and life support systems in the event the normal electrical supply is interrupted.**

**Interpretive Guidelines: §483.70(b)(1)**

“**Emergency electrical power system**” includes, at a minimum, battery-operated lighting for all entrances and exits, fire detection and alarm systems, and extinguishing systems.

An “**exit**” is defined as a means of egress which is lighted and has three components: an exit access (corridor leading to the exit), an exit (a door), and an exit discharge (door to the street or public way). We define an entrance as any door through which people enter

the facility. Furthermore, when an entrance also serves as an exit, its components (exit access, exit, and exit discharge) must be lighted. A waiver of lighting required for both exits and entrances is not permitted.

**Procedures: §483.70(b)(1)**

Review results of inspections by the designated State fire safety authority that the emergency power system has been tested periodically and is functioning in accordance with the Life Safety Code.

Check placement of lighting system to ensure proper coverage of the listed areas. Test all batteries to ensure they work.

**Probes: §483.70(b)(1)**

Is emergency electrical service adequate?

Additional guidance is available in the National Fire Protection Association's Life Safety Code 99 and 101 (NFPA 99 and NFPA 101), 12-5.1.3 which is surveyed in Tags K105 and K106 of the Life Safety code survey.

**§483.70(b)(2) When life support systems are used, the facility must provide emergency electrical power with an emergency generator ( as defined in NFPA 99, Health Care Facilities) that is located on the premises**

**Interpretive Guidelines: §483.70(b)(2)**

“**Life support systems**” is defined as one or more Electro-mechanical device(s) necessary to sustain life, without which the resident will have a likelihood of dying (e.g., ventilators suction machines if necessary to maintain an open airway). The determination of whether a piece of equipment is life support is a **medical determination** dependent upon the condition of the individual residents of the facility e.g. suction machine maybe required “life support equipment” in a facility, depending on the needs of its residents).

**Procedures: §483.70(b)(2)**

If life support systems are used determine if there is a working emergency generator at the facility, A generator is not required if a facility does not use life support systems. Check that the emergency generator starts and transfers power under load conditions within 10 seconds after interruption of normal power. Where residents are on life support equipment, **do not test** transfer switches by shutting off the power unless there is an uninterruptible power supply available.

**Probes: §483.70(b)(2)**

Is there a working generator if the facility is using life support systems?

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## **§483.70(c) Space and Equipment**

**The facility must--**

**(1) Provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by these standards and as identified in each resident's plan of care; and**

**Intent: §483.70 (c)(1)**

The intent of this regulation is to ensure that dining, health services, recreation, activities and programs areas are large enough to comfortably accommodate the needs of the residents who usually occupy this space.

Dining, health services, recreation, and program areas should be large enough to comfortably accommodate the persons who usually occupy that space, including the wheelchairs, walkers, and other ambulating aids used by the many residents who require more than standard movement spaces. "Sufficient space" means the resident can access the area, it is not functionally off-limits, and the resident's functioning is not restricted once access to the space is gained.

Program areas where resident groups engage in activities focused on manipulative skills and hand-eye coordination should have sufficient space for storage of their supplies and "works in progress."

Program areas where residents receive physical therapy should have sufficient space and equipment to meet the needs of the resident's therapy requirement.

Recreation/activities area means any area where residents can participate in those activities identified in their plan of care.

**Procedures: §483.70(c)(1)**

In the use of space, consider if available space allows residents to pursue activities and receive health services and programs as identified in their care plan.

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**F456**

**§483.70(c)(2) Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.**

**Probes: §483.70(c)(2)**

Is essential equipment (e.g., boiler room equipment, nursing unit/medication room refrigerators, kitchen refrigerator/freezer and laundry equipment) in safe operating condition?

Is equipment maintained according to manufacturers recommendations.

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**§483.70(d) Resident Rooms**

**Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents.**

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**F457**

**§483.70(d)(1) Bedrooms must--**

**§483.70(d)(1)(i) Accommodate no more than four residents;**

**Interpretive Guidelines: §483.70(d)(1)(i)**

See [§483.70\(d\)\(3\)](#) regarding variations.

**Probes: §483.70(d)(1)(i)**

Unless a variation has been applied for and approved under §483.70(d)(3), do the residents' bedrooms accommodate no more than four residents?

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**F458**

**§483.70(d)(1)(ii) Measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms;**

**Interpretive Guidelines: §483.70(d)(1)(ii)**

See [§483.70\(d\)\(3\)](#) regarding variations.

The measurement of the square footage should be based upon the useable living space of the room. Therefore, the minimum square footage in resident rooms should be measured based upon the floor's measurements exclusive of toilets and bath areas, closets, lockers, wardrobes, alcoves, or vestibules. However, if the height of the alcoves or vestibules reasonably provides useful living area, then the corresponding floor area may be included in the calculation.

The space occupied by movable wardrobes should be excluded from the useable square footage in a room unless it is an item of the resident's own choice and it is in addition to the individual closet space in the resident's room. Non-permanent items of the resident's own choice should have no effect in the calculation of useable living space.

Protrusions such as columns, radiators, ventilation systems for heating and/or cooling should be ignored in computing the useable square footage of the room if the area involved is minimal (e.g., a baseboard heating or air conditioning system or ductwork that does not protrude more than 6 to 8 inches from the wall, or a column that is not more than 6 to 8 inches on each side) and does not have an adverse effect on the resident's health and safety or does not impede the ability of any resident in that room to attain his or her highest practicable well-being. If these protrusions are not minimal they would be deducted from useable square footage computed in determining compliance with this requirement.

The swing or arc of any door which opens directly into the resident's room should not be excluded from the calculations of useable square footage in a room.

**Procedures: §483.70(d)(1)(ii)**

The facility layout may give square footage measurements. Carry a tape measure and take measurements if the room appears small.

**Probes: §483.70(d)(1)(ii)**

Unless a variation has been applied for and approved under [§483.70\(d\)\(3\)](#), are there at least 80 square feet per resident in multiple resident rooms and at least 100 square feet for single resident rooms?

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**F459**

**§483.70(d)(1)(iii) Have direct access to an exit corridor;**

**Interpretive Guidelines: §483.70(d)(1)(iii)**

There is no authority under current regulations to approve a variation to this requirement. Additional guidance is available in the National Fire Protection Association's Life Safety Code 101 (NFPA 101), 12-2.5.1, which is Tag K41 of the Life Safety Code Survey

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**F460**

**§483.70(d)(1)(iv) Be designed or equipped to assure full visual privacy for each resident;**

**Interpretive Guidelines: §483.70(d)(1)(iv)**

“**Full visual privacy**” means that residents have a means of completely withdrawing from public view while occupying their bed (e.g., curtain, moveable screens, private room).

The guidelines do not intend to limit the provisions of privacy to solely one or more curtains, movable screens or a private room. Facility operators are free to use other means to provide full visual privacy, with those means varying according to the needs and requests of residents. However, the requirement explicitly states that bedrooms must “be designed or equipped to assure full visual privacy for each resident.” For example, a resident with a bed by the window cannot be required to remain out of his or her room while his/her roommate is having a dressing change. Room design or equipment must provide privacy. Surveyors will assess whether the means the facility is using to assure full visual privacy meets this requirement without negatively affecting any other resident rights.

**Procedures: §483.70(d)(1)(iv)**

There are no provisions for physician statements to be used as a basis for variation of the requirements for full visual privacy.

**Probes: §483.70(d)(1)(iv)**

Observe whether each resident selected for a comprehensive or focused review has a means to achieve full visual privacy.

**§483.70(d)(1)(v) In facilities initially certified after March 31, 1992, except in private rooms, each bed must have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains;**

**Interpretive Guidelines: §483.70(d)(1)(v)**

The term “**initially certified**” is defined as all newly certified nursing facilities (NFs) or SNFs as well as NFs and SNFs after March 31, 1992, which re-enter the Medicare or Medicaid programs, whether they voluntarily or involuntarily left the program.

It is not necessary for the bed to be accessible from both sides when the privacy curtain is pulled.

Additional guidance is available in the National Fire Protection Association’s Life Safety Code 101 (NFPA 101), 31-1.4.1, 31-4.5, which is Tag K74 of the Life Safety Code Survey.

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**F461****§483.70(d)(1)(vi) Have at least one window to the outside; and**Interpretive Guidelines **§483.70(d)(1)(vi)**

A facility with resident room windows, as defined by section 13-3.8.1 of the 1985 edition of the Life Safety Code, that open to an atrium in accordance with Life Safety Code 6-2.2.3.5 can meet this requirement for a window to the outside.

In addition to conforming with the Life Safety Code, this requirement was included to assist the resident's orientation to day and night, weather, and general awareness of space outside the facility. The facility is required to provide for a "safe, clean, comfortable and homelike environment" by deemphasizing the institutional character of the setting, to the extent possible. Windows are an important aspect in assuring the homelike environment of a facility.

**Probes: §483.70(d)(1)(vi)**

Is there at least one window to the outside?

**§483.70(d)(1)(vii) Have a floor at or above grade level.**Interpretive Guidelines **§483.70(d)(1)(vii)**

"At or above grade level" is defined as a room in which the floor is at or above ground level.

**Probes: §483.70(d)(1)(vii)**

Are the bedrooms at or above ground level?

Additional guidance is available in the National Fire Protection Association's Life Safety Code 101 (NFPA 101), 12-2.5.1, 12-2.5.7, which is Tag K41 of the Life Safety Code survey.

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**§483.70(d)(2) The facility must provide each resident with--**

- (i) A separate bed of proper size and height for the convenience of the resident;**
- (ii) A clean, comfortable mattress;**
- (iii) Bedding appropriate to the weather and climate; and**

**Probes: §483.70(d)(2)(i), (ii), and (iii)**

Are mattresses clean and comfortable?

Is bedding appropriate to weather and climate?

**§483.70(d)(2)(iv) Functional furniture appropriate to the resident's needs, and individual closet space in the resident's bedroom with clothes racks and shelves accessible to the resident.**

**Interpretive Guidelines §483.70(d)(2)(iv)**

“Functional furniture appropriate to the residents’ needs” means that the furniture in each resident’s room contributes to the resident attaining or maintaining his or her highest practicable level of independence and well-being. In general, furnishings include a place to put clothing away in an organized manner that will let it remain clean, free of wrinkles, and accessible to the resident while protecting it from casual access by others; a place to put personal effects such as pictures and a bedside clock, and furniture suitable for the comfort of the resident and visitors (e.g., a chair).

There may be instances in which individual residents determine that certain items are not necessary or will impede their ability to maintain or attain their highest practicable well-being (e.g., Both the resident and spouse use wheelchairs. They visit more easily without another chair in the room.) In this case, the resident’s wishes should determine the furniture needs.

“Shelves accessible to the resident” means that the resident, if able, or a staff person at the direction of the resident, can get to their clothes whenever they choose.

**Probes: §483.70(d)(2)(iv)**

Functional furniture: Is there functional furniture, appropriate to residents’ needs?

Closet space: Is there individual closet space with accessible clothes racks and shelves?

**§483.70(d)(3) CMS, or in the case of a nursing facility the survey agency, may permit variations in requirements specified in paragraphs (d)(1)(i) and (ii) of this section relating to rooms in individual cases when the facility demonstrates in writing that the variations--**

- (i) Are in accordance with the special needs of the residents; and**
- (ii) Will not adversely affect residents’ health and safety.**

**Interpretive Guidelines: §483.70(d)(3)**

A variation must be in accordance with the special needs of the residents and must not adversely affect the health or safety of residents. Facility hardship is not part of the basis for granting a variation. Since the special needs of residents may change periodically, or different residents may be transferred into a room that has been granted a variation, variations must be reviewed and considered for renewal whenever the facility is certified. If the needs of the residents within the room have not changed since the last annual inspection, the variance should continue if the facility so desires.

**Interpretive Guidelines: §483.70(d)(1)(i):**

As residents are transferred or discharged from rooms with more than four residents, beds should be removed from the variance until the number of residents occupying the room does not exceed four.

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**F462**

**§483.70(e) Toilet Facilities**

**Each resident room must be equipped with or located near toilet facilities.**

**Interpretive Guidelines: §483.70(e)**

“**Toilet facilities**” is defined as a space that contains a lavatory and a toilet. If the resident’s room is not equipped with an adjoining toilet facility, then “located near” means residents who are independent in the use of a toilet, including chairbound residents, can routinely use a toilet in the unit.

**Probes: §483.70(e)**

Are resident rooms equipped with or located near toilet and bathing facilities?

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**F463**

**§483.70(f) Resident Call System**

**The nurses’ station must be equipped to receive resident calls through a communication system from--**

- (1) Resident rooms; and**
- (2) Toilet and bathing facilities.**

**Intent: §483.70(f)**

The intent of this requirement is that residents, when in their rooms and toilet and bathing areas, have a means of directly contacting staff at the nurse's station. This communication may be through audible or visual signals and may include "wireless systems."

**Interpretive Guidelines: §483.70(f)**

This requirement is met only if all portions of the system are functioning (e.g., system is not turned off at the nurses' station, the volume too low to be heard, the light above a room or rooms is not working).

**Probes: §483.70(f)**

Is there a functioning communication system from rooms, toilets, and bathing facilities?

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**F464**

**§483.70(g) Dining and Resident Activities**

**The facility must provide one or more rooms designated for resident dining and activities.**

**These rooms must--**

**§483.70(g)(1) Be well lighted;**

**Interpretive Guidelines: §483.70(g)(1)**

**"Well lighted"** is defined as levels of illumination that are suitable to tasks performed by a resident.

**Probes: §483.70(g)(1)**

Are there adequate and comfortable lighting levels?

Are illumination levels appropriate to tasks with little glare?

Does lighting support maintenance of independent functioning and task performance?

**§483.70(g)(2) Be well ventilated, with nonsmoking areas identified;**

**Interpretive Guidelines: §483.70(g)(2)**

“**Well ventilated**” is defined as good air circulation, avoidance of drafts at floor level, and adequate smoke exhaust removal.

“**Nonsmoking areas identified**” is defined as signs posted in accordance with State law regulating indoor smoking policy and facility policy.

**Probes: §483.70(g)(2)**

How well is the space ventilated?

Is there good air movement?

Are temperature, humidity, and odor levels all acceptable?

Are non-smoking areas identified?

**§483.70(g)(3) Be adequately furnished; and**

**Interpretive Guidelines: §483.70(g)(3)**

An “**adequately furnished**” dining area accommodates different residents’ physical and social needs. An adequately furnished organized activities area accommodates the specific activities offered by the facility.

**Probes: §483.70(g)(3)**

How adequate are furnishings?

Are furnishings structurally sound and functional (e.g., chairs of varying sizes to meet varying needs of residents, wheelchairs can fit under the dining room table)?

**§483.70(g)(4) Have sufficient space to accommodate all activities.**

**Interpretive Guidelines: §483.70(g)(4)**

“**Sufficient space to accommodate all activities**” means that the space available is adaptable to a variety of uses and residents’ needs.

**Probes: §483.70(g)(4)**

How sufficient is space in dining, health services, recreation and program areas to accommodate all activities?

Are spaces adaptable for all intended uses?

Is resident access to space limited?

Do residents and staff have maximum flexibility in arranging furniture to accommodate residents who use walkers, wheelchairs, and other mobility aids?

Is there resident crowding?

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## **F465**

### **§483.70(h) Other Environmental Conditions**

**The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.**

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## **F466**

**The facility must--**

**§483.70(h)(1) Establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply;**

**Interpretive Guidelines: §483.70(h)(1)**

The facility should have a written protocol which defines the source of water, provisions for storing the water, both potable and non-potable, a method for distributing water, and a method for estimating the volume of water required.

**Procedures §483.70(h)(1)**

During the entrance conference, ask the administrator the facility's procedure to ensure water availability.

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## **F467**

**§483.70(h)(2) Have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two;**

**Probes: §483.70(h)(2)**

How well is the space ventilated?

Is there good air movement?

Are temperature, humidity, and odor levels all acceptable?

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**F468**

**§483.70(h)(3) Equip corridors with firmly secured handrails on each side; and**

**Interpretive Guidelines §483.70(h)(3)**

“Secured handrails” means handrails that are firmly affixed to the wall.

**Probes: §483.70(h)(3)**

Are handrails secure?

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**F469**

**§483.70(h)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.**

**Interpretive Guidelines: §483.70(h)(4)**

An “effective pest control program” is defined as measures to eradicate and contain common household pests (e.g., roaches, ants, mosquitoes, flies, mice, and rats).

**Procedures: §483.70(h)(4)**

As part of the overall review of the facility, look for signs of vermin. Evidence of pest infestation in a particular space is an indicator of noncompliance.

**Probes: §483.70(h)(4)**

Is area pest free?

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