

## Centers for Medicare & Medicaid Services, HHS

to be followed in the event of an internal or external disaster and for the care of casualties (patients and personnel) arising from a disaster.

(a) *Standard: Disaster plan.* The organization has a written plan in operation, with procedures to be followed in the event of fire, explosion, or other disaster. The plan is developed and maintained with the assistance of qualified fire, safety, and other appropriate experts, and includes:

- (1) Transfer of casualties and records;
- (2) The location and use of alarm systems and signals;
- (3) Methods of containing fire;
- (4) Notification of appropriate persons; and
- (5) Evaluation routes and procedures.

(b) *Standard: Staff training and drills.* All employees are trained, as part of their employment orientation, in all aspects of preparedness for any disaster. The disaster program includes orientation and ongoing training and drills for all personnel in all procedures so that each employee promptly and correctly carries out his assigned role in case of a disaster.

[41 FR 20865, May 21, 1976. Redesignated at 42 FR 52826, Sept. 30, 1977, and amended at 53 FR 12015, Apr. 12, 1988. Redesignated and amended at 60 FR 2326-2327, 2329, Jan. 9, 1995]

### § 485.729 Condition of participation: Program evaluation.

The organization has procedures that provide for a systematic evaluation of its total program to ensure appropriate utilization of services and to determine whether the organization's policies are followed in providing services to patients through employees or under arrangements with others.

(a) *Standard: Clinical-record review.* A sample of active and closed clinical records is reviewed quarterly by the appropriate health professionals to ensure that established policies are followed in providing services.

(b) *Standard: Annual statistical evaluation.* An evaluation is conducted annually of statistical data such as number of different patients treated, number of patient visits, condition on admission and discharge, number of new patients, number of patients by diagnosis(es), sources of referral, number and cost of units of service by treatment given,

and total staff days or work hours by discipline.

[41 FR 20865, May 21, 1976. Redesignated at 42 FR 52826, Sept. 30, 1977. Further redesignated and amended at 60 FR 2326-2327, 2329, Jan. 9, 1995]

## PART 486—CONDITIONS FOR COVERAGE OF SPECIALIZED SERVICES FURNISHED BY SUPPLIERS

### Subpart A—General Provisions

Sec.

486.1 Basis and scope.

### Subpart B [Reserved]

### Subpart C—Conditions for Coverage: Portable X-Ray Services

486.100 Condition for coverage: Compliance with Federal, State, and local laws and regulations.

486.102 Condition for coverage: Supervision by a qualified physician.

486.104 Condition for coverage: Qualifications, orientation, and health of technical personnel.

486.106 Condition for coverage: Referral for service and preservation of records.

486.108 Condition for coverage: Safety standards.

486.110 Condition for coverage: Inspection of equipment.

### Subpart D—Conditions for Coverage: Out-patient Physical Therapy Services Furnished by Physical Therapists in Independent Practice

486.150 Condition for coverage: General requirements.

486.151 Condition for coverage: Supervision.

486.153 Condition for coverage: Compliance with Federal, State, and local laws.

486.155 Condition for coverage: Plan of care.

486.157 Condition for coverage: Physical therapy services.

486.159 Condition for coverage: Coordination of services with other organizations, agencies, or individuals.

486.161 Condition for coverage: Clinical records.

486.163 Condition for coverage—physical environment.

### Subparts E-F [Reserved]

### Subpart G—Conditions for Coverage: Organ Procurement Organizations

486.301 Basis and scope.

486.302 Definitions.

486.304 General requirements.