

Centers for Medicare & Medicaid Services, HHS

§ 483.5

- 483.202 Definitions.
- 483.204 Provision of a hearing and appeal system.
- 483.206 Transfers, discharges and relocations subject to appeal.

Subpart F—Requirements That Must Be Met by States and State Agencies, Resident Assessment

- 483.315 Specification of resident assessment instrument.

Subpart G—Condition of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21

- 483.350 Basis and scope.
- 483.352 Definitions.
- 483.354 General requirements for psychiatric residential treatment facilities.
- 483.356 Protection of residents.
- 483.358 Orders for the use of restraint or seclusion.
- 483.360 Consultation with treatment team physician.
- 483.362 Monitoring of the resident in and immediately after restraint.
- 483.364 Monitoring of the resident in and immediately after seclusion.
- 483.366 Notification of parent(s) or legal guardian(s).
- 483.368 Application of time out.
- 483.370 Postintervention debriefings.
- 483.372 Medical treatment for injuries resulting from an emergency safety intervention.
- 483.374 Facility reporting.
- 483.376 Education and training.

Subpart H [Reserved]

Subpart I—Conditions of Participation for Intermediate Care Facilities for the Mentally Retarded

- 483.400 Basis and purpose.
- 483.405 Relationship to other HHS regulations.
- 483.410 Condition of participation: Governing body and management.
- 483.420 Condition of participation: Client protections.
- 483.430 Condition of participation: Facility staffing.
- 483.440 Condition of participation: Active treatment services.
- 483.450 Condition of participation: Client behavior and facility practices.
- 483.460 Condition of participation: Health care services.
- 483.470 Condition of participation: Physical environment.
- 483.480 Condition of participation: Dietetic services.

AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

Subpart A [Reserved]

Subpart B—Requirements for Long Term Care Facilities

SOURCE: 54 FR 5359, Feb. 2, 1989, unless otherwise noted.

§ 483.1 Basis and scope.

(a) *Statutory basis.* (1) Sections 1819 (a), (b), (c), and (d) of the Act provide that—

(i) Skilled nursing facilities participating in Medicare must meet certain specified requirements; and

(ii) The Secretary may impose additional requirements (see section 1819(d)(4)(B)) if they are necessary for the health and safety of individuals to whom services are furnished in the facilities.

(2) Section 1861(1) of the Act requires the facility to have in effect a transfer agreement with a hospital.

(3) Sections 1919 (a), (b), (c), and (d) of the Act provide that nursing facilities participating in Medicaid must meet certain specific requirements.

(b) *Scope.* The provisions of this part contain the requirements that an institution must meet in order to qualify to participate as a SNF in the Medicare program, and as a nursing facility in the Medicaid program. They serve as the basis for survey activities for the purpose of determining whether a facility meets the requirements for participation in Medicare and Medicaid.

[56 FR 48867, Sept. 26, 1991, as amended at 57 FR 43924, Sept. 23, 1992; 60 FR 50443, Sept. 29, 1995]

§ 483.5 Definitions.

(a) *Facility defined.* For purposes of this subpart, *facility* means a skilled nursing facility (SNF) that meets the requirements of sections 1819(a), (b), (c), and (d) of the Act, or a nursing facility (NF) that meets the requirements of sections 1919(a), (b), (c), and (d) of the Act. “Facility” may include a distinct part of an institution (as defined in paragraph (b) of this section and specified in § 440.40 and § 440.155 of this chapter), but does not include an