

If the failure of the physician to visit the resident at the required intervals resulted in a negative outcome to the resident, also investigate compliance with §483.30(a), F710, Resident's care supervised by a physician.

DEFICIENCY CATEGORIZATION

An example of Level 4, immediate jeopardy to resident health and safety, includes, but is not limited to:

- The facility failed to ensure the attending physician conducted required visits for several consecutive months in the facility. The physician responded to phone calls and provided verbal orders during this time-frame, however did not visit and make face-to-face contact with the resident, who experienced a significant negative change in status. No other physicians or NPPs visited the resident. This placed the resident at risk for serious harm or death.

An example of level 3, actual harm that is not immediate jeopardy, includes, but is not limited to:

- A resident newly admitted to the facility and determined to be at high risk of developing a pressure ulcer/injury, developed an unstageable pressure ulcer during the first 30 days. While the physician was consulted by telephone, the facility failed to ensure the physician conducted an initial comprehensive visit for over 40 days, contributing to the decline in the resident's skin status.

Examples of Level 2, no actual harm, with potential for than more than minimal harm, that is not immediate jeopardy, includes, but is not limited to:

- The facility failed to ensure the physician personally conducted an initial comprehensive visit within the first 30 days after admission, for a resident under a Medicare Part A stay.

An example of Level 1, no actual harm with potential for no more than a minor negative impact on the resident, includes, but is not limited to:

- The facility failed to ensure that the attending physician alternated required monthly visits with the Nurse Practitioner (NP) as required for a resident under a SNF stay. A review of the Progress Notes revealed that notes were written, signed and dated by the NP for several consecutive visits, and all of the resident's needs were met. No documentation was found to indicate that the attending physician had visited and examined the resident at least once every 30 days for the first 90 days after admission or at least once every 60 days thereafter during this time.

F713

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§483.30(d) Availability of physicians for emergency care

The facility must provide or arrange for the provision of physician services 24 hours a day, in case of emergency.

GUIDANCE §483.30(d)

If a resident's attending physician is unavailable, the facility should attempt to contact the physician covering for the attending physician before assuming the responsibility of contacting another physician.

Arranging for physician services may include assuring resident transportation to a hospital emergency room or other medical facility if the facility is unable to meet the particular medical need at the facility. The provision of transportation does not remove the facility's responsibility to have a physician available, 24 hours a day, to respond to emergencies that do not require medical care in an alternative setting.

PROBES §483.30(d)

- Does the facility have a physician on-call for medical emergencies? Does this physician respond?
- In emergency situations, are residents unnecessarily sent to hospital emergency rooms due to the lack of physician availability or inability to contact a physician? Consider whether the resident's needs could have been met in the facility had the facility had a physician available.
- If the facility did not arrange for the provision of physician services 24 hours a day, for emergencies, what was the impact on residents?

DEFICIENCY CATEGORIZATION §483.30(c)

Example of Level 4, immediate jeopardy to resident health and safety, includes, but is not limited to:

- The attending physician, who was the only physician of the facility and the medical director, failed to have an alternate physician or non-physician practitioner available for the residents in case of an emergency, when he left the country. The facility did not have an agreement with another physician to provide physician services in the absence of the attending physician. When a resident with a known history of congestive heart failure developed edema in the lower extremities, the facility did not have a physician to contact for consultation and new orders for interventions, resulting in hospitalization of the resident.

Example of level 3, actual harm that is not immediate jeopardy includes, but is not limited to:

- The facility received laboratory results indicating that a resident had a urinary tract infection (UTI). Attempts to contact the attending physician were unsuccessful, and the facility did not have an alternate physician on-call for emergencies. The facility did not secure timely medical treatment at the local hospital or alternate medical facility for the resident resulting in progression of the infection before interventions were implemented.