

For residents with MI or ID, their assessment and comprehensive plan of care must be coordinated with their PASARR. If this coordination is not done, or where it is clear that the resident needs a service according to their comprehensive plan of care and facility staff failed to adequately assess the resident or has failed to care plan for the service, do not cite here but refer to §483.20 Resident Assessment and §483.21 Comprehensive person-centered care planning.

Regulations governing PASARR are found at 42 CFR §483.100-138. For any questions or concerns regarding PASARR do not cite here but refer to §483.20(e) and (k), F644, F645 and/or F646.

If noncompliance with F825, has been identified, the surveyor may have identified concerns with related structure, process, and/or outcome requirements. If an additional concerns have been identified, the surveyor must investigate the identified concern. Do not cite any related or associated requirements before first conducting an investigation to determine compliance or non-compliance with the related or associated requirement.

Other Potential Tags

- Use of Outside Resources, §483.70(f);
- Self-determination, §483.10;
- Quality of Life, §483.24;
- Quality of Care, §483.25;
- Resident Rights, §483.10 (for example if there are concerns regarding charges to the resident for any of these services refer to §483.10(f)(11));
- If an assistive device is needed for food and nutrition, refer to §483.60;
- Behavioral Health Services, §483.40;
- Infection Control, §483.80;
- Physical Environmental, §483.90

KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F825, the surveyor's investigation will generally show that the facility failed to do any one or more of the following:

- Provide specialized rehabilitative services based on a resident's comprehensive plan of care; **OR**
- Obtain specialized rehabilitative services from an outside resource that is a provider of specialized rehabilitation services that is NOT excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Social Security Act.

F826

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§483.65(b) Qualifications

Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.

DEFINITIONS §483.65(b)

“**Qualified Personnel**” means a physical therapist, occupational therapist, respiratory therapist, speech-language pathologist, physician, nurse practitioner, clinical nurse specialist, or physician’s assistant, who is licensed or certified by the state to furnish therapy services. Qualified personnel may also include a physical therapist assistant (PTA), or an occupational therapy assistant (OTA) when furnishing services under the supervision of a qualified therapist.

GUIDANCE §483.65(b)

The facility must employ either directly or contract with an outside resource the appropriate qualified personnel as defined above, and additional support staff to ensure the needs of the residents are met in accordance with their comprehensive plan of care.

In addition to meeting the specific competency requirements as part of their license and certification requirements defined under State law or regulations, these personnel must have the training, competencies and skill sets to care for residents as identified through resident assessments, and described in the plan of care.

NOTE: For residents receiving physical therapy (PT), occupational therapy (OT) and/or speech-language pathology (SLP) services under the Medicare Part B benefit, an order is not required. An order from a physician may substitute for the required plan of care (although orders from therapists are not recognized). Although §483.30(e)(3) allows a resident’s attending physician to delegate the task of writing therapy orders to a qualified therapist, Medicare Part B does not currently recognize an order written by a therapist. Under current Part B requirements, when a therapy order is written by a qualified therapist, for that therapy to be covered and paid under the Part B benefit, a physician or recognized non-physician practitioner including a nurse practitioner, clinical nurse specialist or physician assistant – not a therapist – must sign and date the PT, OT, or SLP plan of care which may be established by the therapist.

In situations where there are differences between federal and state supervision requirements, the requirement with the greater level of supervision will apply. Only physical therapists may supervise physical therapy assistants, and only occupational therapists may supervise occupational therapy assistants. All speech-language pathology services must be provided by a licensed speech-language pathologist, or by a physician, nurse practitioner, clinical nurse specialist, or physician’s assistant, who is licensed or certified by the state to furnish therapy services.

PROCEDURES §483.65(b)