

§483.70(j)(2) The facility must provide written notice to the State Agency responsible for licensing the facility at the time of change, if a change occurs in—

- (i) Persons with an ownership or control interest, as defined in §§420.201 and 455.101 of this chapter;**
- (ii) The officers, directors, agents, or managing employees;**
- (iii) The corporation, association, or other company responsible for the management of the facility; or**
- (iv) The facility's administrator or director of nursing.**

§483.70(j)(3) The notice specified in paragraph (j)(2) of this section must include the identity of each new individual or company.

The following hyperlinks are included for surveyor reference only.

[42 CFR §420.201 Disclosure of Ownership and Control: Definitions](#)

[42 CFR §420.206 Disclosure of Persons Having Ownership, Financial, or Control Interest](#)

[42 CFR §455.101 Disclosure of Information by Providers and Fiscal Agents: Definitions](#)

[42 CFR §455.104 Disclosure by Medicaid Providers and Fiscal Agents: Information on Ownership and Control](#)

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§483.70(k) Facility closure-Administrator.

Any individual who is the administrator of the facility must:

§483.70(k)(1) Submit to the State Survey Agency, the State LTC ombudsman, residents of the facility, and the legal representatives of such residents or other responsible parties, written notification of an impending closure:

- (i) At least 60 days prior to the date of closure; or**
- (ii) In the case of a facility where the Secretary or a State terminates the facility's participation in the Medicare and/or Medicaid programs, not later than the date that the Secretary determines appropriate;**

§483.70(k)(2) Ensure that the facility does not admit any new residents on or after the date on which such written notification is submitted; and

§483.70(k)(3) Include in the notice the plan, that has been approved by the State, for the transfer and adequate relocation of the residents of the facility by a date that would be specified by the State prior to closure, including assurances that the residents would be transferred to the most appropriate facility or other setting in

terms of quality, services, and location, taking into consideration the needs, choice, and best interests of each resident.

GUIDANCE §483.70(k)

The closure plan is developed when a facility knows it is closing or upon involuntary termination of the Medicare/Medicaid provider agreement. The closure plan should be based on policies and procedures as required by §483.70(l).

An individual serving as the administrator of a skilled nursing facility (SNF), nursing facility (NF) or dually participating facility (SNF/NF) must provide written notification of an impending closure of a facility which also includes the plan for relocation of residents at least 60 days prior to the impending closure; or, if the Secretary terminates the facility's participation in Medicare or Medicaid, not later than the date the Secretary determines appropriate. Notice must be provided to the State Survey Agency, the State Long Term Care Ombudsman (State LTC), all the residents of the facility, and the legal representatives of residents or other responsible parties. An impending closure does not include events that may result in a temporary closure resulting from a local, regional, State or national emergency situation such as a fire, hurricane, or tornado.

In some cases, an administrator may not have direct control over an impending closure and implementing the facility's written notice and closure plans and procedures. For example, an administrator may be hired to oversee the facility's impending closure and he/she was not present when the decision was made to close the facility, or the administrator was employed less than 60 days prior to impending closure. However, this does not relieve the current administrator from implementing or developing the plans, procedures, and providing notifications as required. In this example, the administrator must provide the closure notice and plan as soon as possible and begin implementing the plans for closure working with the State Survey Agency for the orderly and safe transfer, discharge and relocation of all residents. The new administrator or other temporary manager hired to assist with the facility closure must develop and/or implement the closure plans and work closely with the State Survey Agency and CMS *Location* to ensure that appropriate procedures are implemented.

In a situation in which notice requirements were not met by the previous or current administrator, the State Survey Agency and the CMS RO may take action against the administrator as permitted under §488.446. Refer to Chapter 7 of the State Operations Manual for more information on enforcement actions in these situations.

For all impending closures, the facility needs to submit its closure plan to the State Survey Agency for review and approval. The closure plan must contain the information necessary to identify the steps for a safe and orderly facility closure, including the transfer, discharge or relocation of all residents and identify the individual(s) responsible for ensuring the plans and procedures are successfully carried out.

If CMS or the State Medicaid Agency involuntarily terminates the facility's participation in the Medicare and/or Medicaid programs, the facility's notifications must be no later than the date specified by CMS or the State Medicaid Agency. Notice must still be given if the facility remains open but CMS or the State Medicaid Agency involuntarily terminates the facility's participation in the Medicare and/or Medicaid programs.

In addition, the administrator or someone acting on behalf of the administrator should notify in writing, prior to the impending closure of the facility, the:

- Facility's Medical Director;
- Residents' primary physician;
- CMS *Location* ; and
- State Medicaid Agency.

Although not required, facilities are encouraged to provide notice to other entities that are impacted, such as employees, union representatives, vendors, community partners, hospitals, home health agencies, dialysis facilities and other providers as early as possible.

The facility's notifications should be developed with input from the facility's medical director and other management staff, and include details from the closure plan for the safe and orderly transfer, discharge or adequate relocation of all residents.

In addition to written notification, facility staff should discuss this information with residents, their families and/or legal representatives in order to provide a better understanding of the closure and their rights. Notice of facility closure to residents and their legal or other responsible parties must be provided in a language and manner they understand.

Facility staff should make every possible effort to lessen transfer trauma for residents, which may include:

- Reviewing the resident's care routines, needs, and preferences with staff at the receiving facility who will be caring for the resident, and
- Assisting residents and or their representatives with obtaining information required to make an informed decision about facility relocation.

Also refer to §483.15(c) Transfer and discharge requirements.

The notice must include:

- The name, address, and telephone number of the State LTC ombudsman;