

Impact of the Regulatory Provisions to Promote Efficiency and Transparency Proposed Rule on
Phase 3 of the Requirements of Participation

Section	Requirement	Description	Impact / Implementation
§483.12 Freedom from abuse, neglect, and exploitation	§483.12(b)(4)	The facility must develop and implement written policies and procedures that establish coordination with the QAPI program.	Not impacted by proposed rule. Implementation: November 2019.
§483.21 Comprehensive person-centered care planning	§483.21(b)(3)(iii)	The services provided or arranged by the facility must be culturally-competent and trauma-informed.	Not impacted by proposed rule. Implementation: November 2019.
§483.25 Quality of care	§483.25(m)	The facility must ensure that residents who are trauma survivors receive culturally-competent, trauma-informed care in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.	Not impacted by proposed rule. Implementation: November 2019.
§483.40 Behavioral health services	§483.40(a)(1)	The facility must have sufficient staff with appropriate competencies and skills sets to provide services to attain and maintain the highest practicable well-being of each resident, including caring for residents with mental and psychosocial disorders or trauma histories.	The proposed rule would remove section §483.40(a) due to duplicative language in §483.35 Nursing services; however, due to the requirements at §483.21, §483.25, §483.35 and the parts of §483.40 not impacted in the proposed rule, facility staff will still be required to have the competencies and skills sets to provide trauma-informed care and behavioral health

			services appropriate to the needs of the residents.
§483.70 Administration	§483.70(d)(3)	The governing body is responsible and accountable for the QAPI program.	Not impacted by proposed rule. Implementation: November 2019.
§483.75 Quality assurance and performance improvement	§483.75(a) – (f), (g)(2)	QAPI program	The proposed rule would make changes to parts of this section not previously implemented in Phase 1 and therefore, implementation of this section, with the exception of §483.75(g)(1)(iv), would be delayed until one year after the rule is finalized.
§483.80 Infection control	§483.80(b)	The facility must designate one or more individuals as the infection preventionists who are responsible for the facility's infection prevention and control plan and who work at least part time and meet other specified education, training, and experience requirements.	The proposed rule would eliminate the requirement that the infection preventionist work at least part time at the facility. CMS has determined that although this requirement is impacted by the proposed rule, they will not delay implementation. Implementation: November 2019.
§483.80 Infection control	§483.80(c)	Infection preventionist must serve on QAA committee and report on facility's IPCP.	Not impacted. Implementation: November 2019.
§483.85 Compliance and ethics program	§483.85	Facilities must establish a compliance and ethics program that meets regulatory requirements.	The proposed rule impacts significant portions of this section. Implementation of this section would be delayed until one year after the rule is finalized.
§483.90 Physical environment	§483.90(g)	Facilities must be equipped with call bells at bedside and	Not impacted. Implementation: November 2019.

		in toilet and bathing facilities that relay calls directly to staff members or a centralized work area.	
§483.95 Training requirements	§483.95(a) – (b), (d) – (g)(1), (g)(3), (i)	Training requirements all new and existing staff, including contracted staff and volunteers, excluding those topics implemented during phase 1.	The proposed rule would delay enforcement of §483.95(d) QAPI training and §483.95(f) compliance and ethics training. All other requirements of this section are unimpacted by the proposed rule and will be implemented November 2019.