

Register Now

Critical Access Hospital CoPs

Swing Beds

What CAHs Need to Know



CONFERENCE PANEL



Introduction to CAH CoPs



CONFERENCE PANEL

Swing Beds

- 4 changes November 2019*
- Regulations in Appendix W
 - Very few in Appendix A – 100 beds or less
- Significant change - interpretive guidelines and survey procedure are in Appendix PP
 - Long-term care manual
 - Swing bed regulations originally came from the LTC manual
- New tag numbers in 2020 – now 12 tag numbers*

CMS Surveyor Worksheet for Swing Beds Form 288



CONFERENCE PANEL

CMS CAH Website

- Includes information on topics of interest to hospitals with swing beds
- List of the regional office rural health coordinator
- This includes a hotline or help desk
 - 800-905-2069
 - Swing_help@ifmc.org

CMS Surveyor Training Website



CONFERENCE PANEL



CMS Surveyor Training Website

- Hospitals can also take the training classes and access webcasts and videos
 - Has CAH basic training course and infection control
 - Has 28-hour EMTALA course
 - <https://qsep.cms.gov/welcome.aspx>
- Help desk to assist if need assistance
 - 855-791-8900 or cmstraininghelp@hendall.com
 - Course catalog to see available resources

Swing Bed Deficiency Data



Swing Bed Deficiencies

- Failed to inform residents of their rights orally and in writing
- Failed to inform non-English speaking residents of their rights in a language they could understand
- Failed to allow residents to get copies of their own medical records
- Failed to provide interpreters so resident would understand their condition
- No policy to advise on difference between inpatient or observation status

Swing Beds



Basic Requirement to Qualify for Swing Bed

- **Medicare** patients need a qualifying stay of three days as an inpatient
 - Observation beds do NOT count to the 3 days
 - Reason MOON form created under the NOTICE ACT
- Patient must be admitted to a swing bed within 30 days of discharge from an acute care stay
- Patient has Medicare Part A with benefit days available (see Medicare Benefit Policy Manual)
- Must be medically necessary/met the criteria

- “Transfer” – outside of the facility
- Purpose of regulation – restrict transfer by facility to prevent dumping of high care or difficult residents
- Only applies when initiated by the facility
 - Not the patient



Trauma Patient

- Are specific considerations if the resident recovering from trauma
- Assessment should include that the resident was a trauma patient
 - Plan of care should reflect such
- Care must be culturally competent, and trauma informed (F659)
- Want to eliminate or mitigate triggers that could cause re-traumatization of the resident (F699)
- Make sure staff are qualified to do this

- Specialized rehabilitative services must be in comprehensive plan of care:
 - Physical therapy
 - Speech-language pathology
 - Occupational therapy
 - Respiratory therapist
 - Mental health rehabilitative services
 - Mental illness and intellectual disability

Register Now