

TAG NUMBER	REGULATION	INTERPRETIVE GUIDANCE
		<p>The facility's grievance process should assure those grievances involving situations or practices that place patients or staff members in immediate danger (e.g. the patient's grievance brings attention to hazardous environmental conditions) are resolved immediately.</p> <p>The facility's process must include clearly defined timeframes for a grievance to be acknowledged, investigated, and addressed. Timeframes should be sufficient to conduct an investigation yet ensure that the grievance is addressed in a timely manner.</p> <p>The patient/designee should be informed of the status of the investigation periodically, and when resolution is attained or considered attained by the facility. Each grievance should demonstrate a completed cycle of reviewing the grievance and reporting back to the patient.</p>
V766	<p><i>(f) Standard: Involuntary discharge and transfer policies and procedures.</i> The governing body must ensure that all staff follow the facility's patient discharge and transfer policies and procedures.</p> <p>The medical director ensures that no patient is discharged or transferred from the facility unless –</p> <ul style="list-style-type: none"> <li>(1) The patient or payer no longer reimburses the facility for the ordered services;</li> <li>(2) The facility ceases to operate;</li> <li>(3) The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs; or</li> </ul>	<p>Involuntary discharge or transfer should be rare and preceded by demonstrated effort on the part of the interdisciplinary team to address the problem in a mutually beneficial way. The facility must have and follow written policies and procedures for involuntary discharge and transfer.</p> <p>If any patients have been involuntarily discharged or transferred since the latter of either the effective date of these rules (October 14, 2008) or the facility's last survey, surveyors will review those patients' medical records to ensure compliance with these regulations and facility policy. See also requirements under Conditions for Patients' rights at V468 and V469.</p> <p>The medical director must be informed of and approve any involuntary discharge or transfer of a patient. A facility may involuntarily discharge or transfer a patient only for those reasons listed here and at V767. The medical director must ensure that the</p>

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		<p>reasons for any involuntary discharge or transfer are consistent with this requirement.</p> <p>If a facility involuntarily discharges or transfers a patient for nonpayment of fees, there must be evidence in the patient's medical record that the facility staff (e.g., billing personnel, financial counselor, social worker) made good faith efforts to help the patient resolve nonpayment issues.</p> <p>In the event a facility ceases to operate, the governing body must notify CMS, the State survey agency, and the applicable ESRD Network. The facility's interdisciplinary team must assist patients to obtain dialysis in other facilities.</p> <p>If the discharge or transfer is necessary for the patient's welfare, the patient's medical record must include documentation of the medical need and reasons why the facility can no longer meet that need.</p>
V767	<p>(4) The facility has reassessed the patient and determined that the patient's behavior is disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired, in which case the medical director ensures that the patient's interdisciplinary team—</p> <p>(i) Documents the reassessments, ongoing problems(s), and efforts made to resolve the problem(s), and enters this documentation into the patient's medical record;</p> <p>(ii) Provides the patient and the local ESRD Network with a 30-day notice of the planned discharge;</p> <p>(iii) Obtains a written physician's order that must be signed by both the medical director and the patient's attending physician concurring with the patient's discharge or transfer from the facility; (iv) Contacts another facility, attempts to place the patient there, and</p>	<p>Patients should not be discharged for failure to comply with facility policy unless the violation adversely affects clinic operations (e.g., violating facility rules for eating during dialysis should not warrant involuntary discharge). Patients should not be discharged for shortened or missed treatments unless this behavior has a significant adverse affect on other patients' treatment schedules. A facility may evaluate the patient (who shortens or misses treatments) for any psychosocial factors that may contribute to shortening or missing treatments; for home dialysis; or, as a last resort to avoid inconveniencing other patients, may alter the patient's treatment schedule or shorten treatment times for patients who persistently arrive late.. Patients should not be discharged for failure to reach facility-set goals for clinical outcomes. Facilities are not penalized if a patient or patients do not reach the expected targets if the plan of care developed by the IDT is individualized, addresses barriers to meeting the targets, and has been implemented and revised as indicated.</p>

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	<p>documents that effort; and</p> <p>(v) Notifies the State survey agency of the involuntary transfer or discharge.</p> <p>(5) In the case of immediate severe threats to the health and safety of others, the facility may utilize an abbreviated involuntary discharge procedure.</p>	<p>In the event facility staff members believe the patient may have to be involuntarily discharged, the interdisciplinary team must reassess the patient with an intent to identify any potential action or plan that could prevent the need to discharge or transfer the patient involuntarily. The reassessment must focus on identifying the root causes of the disruptive or abusive behavior and result in a plan of care aimed at addressing those causes and resolving unacceptable behavior.</p> <p>Evidence must be on file to substantiate that the patient received notification at least 30 days prior to involuntary discharge or transfer and that the ESRD Network was also notified at that time. While the early notice to the State agency is not required, facilities may choose to notify the patient, Network and the State agency at the same time. A 30-day notice is not required in the case of imminent severe threat to safety of other patients or staff. The State agency and Network would need to be notified immediately if the use of the abbreviated involuntary discharge procedure is necessary.</p> <p>There must be a written order in the patient's medical record, signed by the attending physician and the medical director for the facility to involuntarily discharge or transfer a patient. If the reason for discharge is the physician's determination to no longer care for a particular patient and there is no other physician on staff available or willing to accept the patient, generally the state practice boards for physicians require the patient be given some notice to avoid a charge of patient abandonment. The facility would need to follow this regulation as to reassessment, 30 day notice, attempts for placement, etc. during the physician's period of notice to the patient.</p> <p>Because the goal of contacting another dialysis facility is for continuity of care, the HIPAA privacy rule does not require patient consent to contact that other dialysis facility. However, it does limit</p>

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V768	<p>(g) <i>Standard: Emergency coverage.</i>  (1) The governing body is responsible for ensuring that the dialysis facility provides patients and staff with written instructions for obtaining emergency medical</p>	<p>The facility must provide information to all patients, including home patients, regarding who to call and how to obtain emergency medical care when away from the dialysis facility. The patients should be able to contact a call service for a responsible staff member, physician, or</p>