



Crosswalk of LTags for §418.110, Hospices that provide inpatient care directly State Operations Manual – Appendix M – Hospice 2/21/20 Compared to 1/27/23

| Original Appendix M L tag (2-21-20) | Subject | Crosswalk to Appendix M Revised – L tag (1-27-23) | Subject |
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| L720 | §418.110 - A hospice that provides inpatient care directly in its own facility must demonstrate compliance with all of the following standards: | L820 | <i>§418.110 Condition of participation: Hospices that provide inpatient care directly</i> |
| L721 | §418.110(a) Standard: Staffing | L821 | <i>§418.110(a) Standard: Staffing</i> |
| L722 | §418.110(b) Standard: Twenty-four hour nursing services | L822 | <i>§418.110(b) Standard: Twenty-four hour nursing services</i> |
| L723 | §418.110(b)(2) - If at least one patient in the hospice facility is receiving general inpatient care, then each shift must include a registered nurse who provides direct patient care. | L823 | <i>§418.110(b)(2) -If at least one patient in the hospice facility is receiving general inpatient care, then each shift must include a registered nurse who provides direct patient care.</i> |
| L724 | §418.110(c) Standard: Physical environment. | L824 | <i>§418.110(c) Standard: Physical environment.</i> |
| L725 | §418.110(c)(1) - Safety management. | L825 | <i>§418.110(c)(1) -Safety management.</i> |
| L726 | §418.110(c)(1)(ii) - The hospice must have a written disaster preparedness plan in effect for managing the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care. The plan must be periodically reviewed and rehearsed with staff (including nonemployee staff) with special emphasis placed on carrying out the procedures necessary to protect patients and others. | | <i>Now Appendix Z.</i> |



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| L727 | §418.110(c)(2) - Physical plant and equipment. | L826 | <i>Physical plant and equipment.</i> |
| L728 | §418.110 (d) Standard: Fire protection | L827 | <i>§418.110 (d) Standard: Fire protection</i> |
| | | L828 | <i>§418.110(e) Standard: Building Safety.</i> |
| L729 | §418.110(e) Standard: Patient areas. | L829 | <i>§418.110(f) Standard: Patient areas.</i> |
| L730 | §418.110(f) Standard: Patient rooms. | L830 | <i>§418.110(g) Standard: Patient rooms.</i> |
| L731 | §418.110(g) Standard: Toilet and bathing facilities. | L831 | <i>§418.110(h) Standard: Toilet and bathing facilities.</i> |
| L732 | §418.110(h) Standard: Plumbing facilities. | L832 | <i>§418.110(i) Standard: Plumbing facilities.</i> |
| L733 | §418.110(i) Standard: Infection control. | L833 | <i>§418.110(j) Standard: Infection control.</i> |
| L734 | §418.110(j) Standard: Sanitary environment | L834 | <i>§418.110(k) Standard: Sanitary environment.</i> |
| L735 | §418.110(k) Standard: Linen. | L835 | <i>§418.110(l) Standard: Linen.</i> |
| L736 | §418.110(l) Standard: Meal service and menu planning. | L836 | <i>§418.110(m) Standard: Meal service and menu planning.</i> |
| | | L837 | <i>§418.110(m)(1) -Consistent with the patient’s plan of care, nutritional needs, and therapeutic diet;</i> |
| | | L838 | <i>§418.110(m)(2) -Palatable, attractive, and served at the proper temperature; and</i> |
| | | L839 | <i>§418.110(m)(3) -Obtained, stored, prepared, distributed,</i> |



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| | | | <i>and served under sanitary conditions.</i> |
| L737 | §418.110(m) Standard: Restraint or seclusion. | L840 | <i>§418.110(n) Standard: Restraint or seclusion</i> |
| L738 | §418.110(m)(1) - Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member, or others from harm. | L841 | <i>§418.110(n)(1) -Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member, or others from harm.</i> |
| L739 | §418.110(m)(2) - The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient, a staff member, or others from harm. | L842 | <i>§418.110(n)(2) The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient, a staff member, or others from harm.</i> |
| L740 | §418.110(m)(3) - The use of restraint or seclusion must be-- | L843 | <i>§418.110(n)(3) -The use of restraint or seclusion must be-</i> |
| L741 | §418.110(m)(4) - The use of restraint or seclusion must be in accordance with the order of a physician authorized to order restraint or seclusion by hospice policy in accordance with State law. | L844 | <i>§418.110(n)(4) -The use of restraint or seclusion must be in accordance with the order of a physician authorized to order restraint or seclusion by hospice policy in accordance with State law.</i> |
| L742 | §418.110(m)(5) - Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN). | L845 | <i>§418.110(n)(5) – Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN).</i> |
| L743 | §418.110(m)(6) - The medical director or physician designee must be consulted as soon as possible if the attending physician did not order the restraint or seclusion. | L846 | <i>§418.110(n)(6) -The medical director or physician designee must be consulted as soon as possible if the attending physician did not order the restraint or seclusion.</i> |



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| L744 | §418.110(m)(7) - Unless superseded by State law that is more restrictive — | L847 | <i>§418.110(n)(7) -Unless superseded by State law that is more restrictive —</i> |
| L745 | §418.110(m)(8) - Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order. | L848 | <i>§418.110(n)(8) -Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order.</i> |
| | | L849 | <i>§418.110(n)(9) -The condition of the patient who is restrained or secluded must be monitored by a physician or trained staff that have completed the training criteria specified in paragraph (o) of this section at an interval determined by hospice policy.</i> |
| L746 | §418.110(m)(10) - Physician, including attending physician, training requirements must be specified in hospice policy. At a minimum, physicians and attending physicians authorized to order restraint or seclusion by hospice policy in accordance with State law must have a working knowledge of hospice policy regarding the use of restraint or seclusion. | L850 | <i>§418.110(n)(10) -Physician, including attending physician, training requirements must be specified in hospice policy. At a minimum, physicians and attending physicians authorized to order restraint or seclusion by hospice policy in accordance with State law must have a working knowledge of hospice policy regarding the use of restraint or seclusion.</i> |
| L748 | §418.110(m)(11) When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, the patient must be seen face-to-face within 1 hour after the initiation of the intervention - | L851 | <i>§418.110(n)(11) -When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, the patient must be seen face-to-face within 1 hour after the initiation of the intervention -</i> |
| L749 | §418.110(m)(12) - States are free to have requirements by statute or regulation that are more restrictive than those contained in paragraph (m)(11)(i) of this section. | L852 | <i>§418.110(n)(12) -States are free to have requirements by statute or regulation that are more restrictive than those</i> |



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| | | | <i>contained in paragraph (m)(11)(i) of this section.</i> |
| L750 | §418.110(m)(13) - If the face-to-face evaluation specified in §418.110(m)(11) is conducted by a trained registered nurse, the trained registered nurse must consult the medical director or physician designee as soon as possible after the completion of the 1-hour face-to-face evaluation. | L853 | <i>§418.110(n)(13) -If the face-to-face evaluation specified in §418.110(n)(11) is conducted by a trained registered nurse, the trained registered nurse must consult the medical director or physician designee as soon as possible after the completion of the 1-hour face-to-face evaluation.</i> |
| L751 | §418.110(m)(14) - All requirements specified under this paragraph are applicable to the simultaneous use of restraint and seclusion. Simultaneous restraint and seclusion use is only permitted if the patient is continually monitored-- | L854 | <i>§418.110(n)(14) -All requirements specified under this paragraph are applicable to the simultaneous use of restraint and seclusion. Simultaneous restraint and seclusion use is only permitted if the patient is continually monitored-</i> |
| L752 | §418.110(m)(15) - When restraint or seclusion is used, there must be documentation in the patient’s clinical record of the following: | L855 | <i>§418.110(n)(15) -When restraint or seclusion is used, there must be documentation in the patient’s clinical record of the following:</i> |
| L753 | §418.110(n) Standard: Restraint or seclusion staff training requirements | L856 | <i>§418.110(o) Standard: Restraint or seclusion staff training requirements. The patient has the right to safe implementation of restraint or seclusion by trained staff.</i> |
| L754 | §418.110(n)(1) - Training intervals. All patient care staff working in the hospice inpatient facility must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion— | L857 | <i>§418.110(o)(1) -Training intervals. All patient care staff working in the hospice inpatient facility must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion—</i> |



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| L755 | §418.110(n)(2) Training content. - The hospice must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following: | L858 | <i>§418.110(o)(2) -Training content. - The hospice must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:</i> |
| L756 | §418.110(n)(3) - Trainer requirements. Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address patients' behaviors. | L859 | <i>§418.110(o)(3) -Trainer requirements. Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address patients' behaviors.</i> |
| L757 | §418.110(n)(4) - Training documentation. The hospice must document in the staff personnel records that the training and demonstration of competency were successfully completed. | L860 | <i>Training documentation.</i> |
| L758 | §418.110(o) Standard: Death reporting requirements. | L861 | <i>§418.110(p) -Standard: Death reporting requirements.</i> |
| | | L862 | <i>§418.110(q) – The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register...</i> |

Compiled by NHPCO, 1/29/23

Source (1/27/23): [State Operations Manual Revised – Appendix M – Hospice](#) pgs. 181-196

Source (2/21/20): [State Operations Manual – Appendix M – Hospice](#) pgs. 129-153