

F580

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§483.10(g)(14) Notification of Changes.

- (i) A facility must immediately inform the resident; consult with the resident’s physician; and notify, consistent with his or her authority, the resident representative(s) when there is—**
 - (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;**
 - (B) A significant change in the resident’s physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);**
 - (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or**
 - (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).**
- (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.**
- (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is—**
 - (A) A change in room or roommate assignment as specified in §483.10(e)(6);**
or
 - (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.**
- (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).**

§483.10(g)(15)

Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).

DEFINITIONS §483.10(g)(14)

“A need to alter treatment significantly” means a need to stop a form of treatment because of adverse consequences (such as an adverse drug reaction), or commence a new form of treatment to deal with a problem (for example, the use of any medical procedure, or therapy that has not been used on that resident before).

GUIDANCE §483.10(g)(14)

While the regulatory obligation is not limited to these symptoms, physician notification should occur when a resident experiences symptoms such as chest pain, loss of consciousness, or other signs or symptoms of heart attack or stroke that may signify a significant change.

Even when a resident is mentally competent, his or her designated resident representative or family, as appropriate, should be notified of significant changes in the resident's health status because the resident may not be able to notify them personally, especially in the case of sudden illness or accident.

If the resident is not capable of making decisions, facility staff must contact the designated resident representative, consistent with his or her authority, to make any required decisions, but the resident must still be told what is happening to him or her.

In the case of the death of a resident, the resident's physician is to be notified immediately by facility staff in accordance with State law.

If there is a deficiency specific to the requirement at §483.10(g)(15), do not cite here, but cite under §483.15(a)(1)-(7), F620, regarding admission policies.