

CAH Swing-Bed Survey Module

When conducting a full survey of an accredited or unaccredited CAH that has swing bed approval, conduct a survey of the CAH swing-bed requirements found at 42 CFR Part 485.645. These requirements, as well as interpretive guidelines, are found in Appendix W of the State Operations Manual (SOM). The optional survey worksheet may be used.

Background

Swing-bed patients are CAH patients who are situated in the CAH but for whom the CAH is receiving reimbursement for skilled nursing services, as opposed to acute-care reimbursement. The reference to swing-bed is a patient care and reimbursement status and has no relationship to geographic location in the facility. The patient may be in acute-care status one day and change to swing-bed status the next day. It is not necessary for the patient to change location in the hospital when the reimbursement status changes, but moving to a different location is allowed. A 3-day qualifying stay for the same spell of illness in any hospital or CAH is required prior to admission to swing-bed status. The 3-day qualifying stay does not need to be from the same facility as the swing-bed admission.

Regulatory Authority and Requirements for CAH Providers of Extended Care Services (“Swing Beds”)

CAH swing-bed care is regulated by both the CAH requirements and the swing-bed requirements at 42 CFR Part 485. The actual swing-bed survey requirements are referenced in the Medicare Nursing Homes requirements at 42 CFR Part 483.

Section 18883 of the Act authorizes payment under Medicare for post-hospital SNF services provided by any CAH that meets certain requirements. By regulation, the Secretary has specified these requirements at 42 CFR § 485.645.

- The CAH has a Medicare provider agreement;
- The total number of beds that may be used at any time for furnishing swing-bed services or acute inpatient services does not exceed 25 beds.
- The CAH has not had a swing-bed approval terminated within two years previous to application; and
- The CAH meets the swing-bed CoP on Resident Rights; Admission, Transfer, and Discharge Rights; Resident Behavior and Facility Practices; Patients Activities; Social Services; Discharge Planning; Specialized Rehabilitative Services; and Dental Services.

Activities Conducted Prior to Swing-Bed Survey

Prior to conducting the swing-bed survey, verify the following:

- The hospital's swing-bed approval is in effect and has not been terminated within the two previous years.

Survey Procedures

In conducting the survey, verify that the CAH has fewer than 25 hospital-type beds. Count the hospital-type beds in each nursing unit. Count any hospital-type bed that is located in or adjoining any location where the bed could be used for inpatient care. Do not count beds in recovery rooms, labor and delivery rooms (do count birthing beds where patients remain after giving birth), operating rooms, newborn nurseries or stretchers in emergency departments. Do not count examination tables, procedure tables or stretchers. Do not count beds in Medicare certified rehabilitation or psychiatric distinct part units.

Swing bed certification is limited to the CAH itself and does not include any distinct part rehabilitation or psychiatric units. Swing bed services may not be provided in CAH distinct part units.

Assess the CAH's compliance with the swing-bed requirements at 42 CFR §485.645 found in appendix W of the SOM. Swing-bed requirements apply to any patient discharged from a hospital or CAH and admitted to a swing-bed for skilled nursing services. The requirements for acute-care CAHs also apply to swing-bed patients.

If swing bed patients are present during the on-site inspection, conduct an open record review and an environmental assessment. Include patient interviews and observations of care and services. However, if no swing-bed patients are present during the on-site inspection, review two closed records for compliance with swing-bed requirements. In all cases, review policies, procedures, and contracted services to assure that the CAH has the capability to provide the services needed.

It is important for surveyors to maintain on-going documentation of their findings during the course of the survey for later reference. Surveyors may use the optional swing-bed worksheet as note-taking tool to document and record their findings on the survey.

Exit Conference

Any findings of noncompliance may be discussed during the time of the CAH exit conference.

Post-Survey Activities

The findings for swing-bed deficiencies must be documented on a separate Form CMS-2567, even though the swing-bed survey is being conducted simultaneously with the CAH survey.