

(c) It is feasible to meet the beneficiary's health needs and, in an ICF, the beneficiary's rehabilitative needs, through alternative institutional or noninstitutional services; and

(d) Each beneficiary under age 21 in a psychiatric facility and each beneficiary in an institution for Individuals with Intellectual Disabilities or persons with related conditions is receiving active treatment as defined in § 441.154 of this subchapter.

#### § 456.610 Basis for determinations.

In making the determinations on adequacy of services and related matters under § 456.609 for each beneficiary, the team may consider such items as whether—

(a) The medical evaluation, any required social and psychological evaluations, and the plan of care are complete and current; the plan of care and, where required, the plan of rehabilitation are followed; and all ordered services, including dietary orders, are provided and properly recorded;

(b) The attending physician reviews prescribed medications—

(1) At least every 30 days in psychiatric facilities, and mental hospitals; and

(2) At least quarterly in ICFs;

(c) Tests or observations of each beneficiary indicated by his medication regimen are made at appropriate times and properly recorded;

(d) Physician, nurse, and other professional progress notes are made as required and appear to be consistent with the observed condition of the beneficiary;

(e) The beneficiary receives adequate services, based on such observations as—

(1) Cleanliness;

(2) Absence of bedsores;

(3) Absence of signs of malnutrition or dehydration; and

(4) Apparent maintenance of maximum physical, mental, and psychosocial function;

(f) In an ICF, the beneficiary receives adequate rehabilitative services, as evidenced by—

(1) A planned program of activities to prevent regression; and

(2) Progress toward meeting objectives of the plan of care;

(g) The beneficiary needs any service that is not furnished by the facility or through arrangements with others; and

(h) The beneficiary needs continued placement in the facility or there is an appropriate plan to transfer the beneficiary to an alternate method of care.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

#### § 456.611 Reports on inspections.

(a) The team must submit a report promptly to the agency on each inspection.

(b) The report must contain the observations, conclusions, and recommendations of the team concerning—

(1) The adequacy, appropriateness, and quality of all services provided in the facility or through other arrangements, including physician services to beneficiaries; and

(2) Specific findings about individual beneficiaries in the facility.

(c) The report must include the dates of the inspection and the names and qualifications of the members of the team.

[43 FR 45266, Sept. 29, 1978, as amended at 44 FR 56337, Oct. 1, 1979]

#### § 456.612 Copies of reports.

The agency must send a copy of each inspection report to—

(a) The facility inspected;

(b) The facility's utilization review committee;

(c) The agency responsible for licensing, certification, or approval of the facility for purposes of Medicare and Medicaid; and

(d) Other State agencies that use the information in the reports to perform their official function, including, if inspection reports concern IMD's, the appropriate State mental health authorities.

#### § 456.613 Action on reports.

The agency must take corrective action as needed based on the report and recommendations of the team submitted under this subpart.